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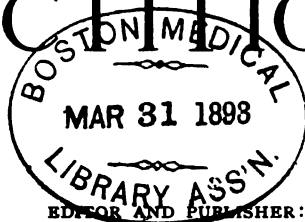


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VOLUME VII.

107 NORTH SPRING STREET, LOS ANGELES.

1892.

CATALOGUED,
m. j.
3. 31. 1893.

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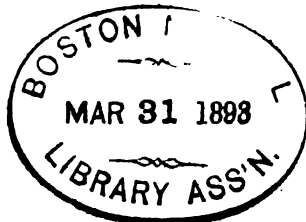
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2698



Southern California Practitioner.

VOL. VII.

LOS ANGELES, JANUARY, 1892.

No. 1

H. BERT. ELLIS, M.D., EDITOR.

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Original.

*A PROFESSIONAL REMINISCENCE.

It has been the rule for the retiring president to deliver quite a lengthy address at the annual meeting of our Society. But one of our former presidents, he of Teutonic origin, delivered a long learned address a few years ago that had such a sad effect that he—perceiving his mistake—said at our last session, “For God’s sake don’t bring any manuscript to our annual meeting.” Knowing the solid basis from which my most worthy predecessor deduced this advice, I have acquiesced.

My sole object tonight, then, will be to give you a few words of fatherly advice and congratulation.

The Los Angeles County Medical Association has, during the past year, under unfavorable circumstances, made most substantial progress. Some very valuable original papers have been read by various members, and numerous interesting cases reported; but above all it has done a great deal to bring about a fraternal feeling in the profession. The oftener we meet the better we shall think of each other, and the less liable we shall be to have professional misunderstandings. If we keep aloof from each other we shall doubtless find ourselves speaking contemptuously of one another’s ability; but by meeting and discussing professional topics we learn that each member has his own particular strong points. One may know most of gynecology, another of continued fevers, still another of obstetrics, and yet another of pædiatrics; and by talking over our particular hobbies together

*Delivered by Walter Lindley, M. D., nine years ago.

†[Dr. Lindley was then the youngest member of the County Society.—Ed.]

each of us becomes more symmetrical. If we stayed away from our brother physicians and nursed our hobbies alone, we would soon be one-sided; like the doctor who said, "All diseases are varieties of ague: quinine cures ague: therefore quinine cures all diseases."

Thus far our Society has not been of the scientific advantage to us that it should be. One reason for this is our unsettled, migratory condition. We have been meeting, as you are all aware, in the offices of our members; and while this may be an advantage from a social standpoint, it cannot be so from a scientific point of view. What this Society needs is a suite of rooms, in some building where we can have practical work in anatomy and microscopy, and where we could store away pathological and other specimens of interest. There is probably not a member of this Society but happens across at least one article in each year that would be of interest in a museum. We may put them away in our offices for awhile; but the interest in them, as well as the liquor in which they are preserved, soon evaporates, and they are pitched into a slop barrel. If we had a room set apart for such a collection, a few years hence would find our Society with a museum of which Los Angeles would be proud. It is not for today that we are working.

We should also begin a library. I know of one elderly medical gentleman who has willed us a very valuable collection of medical works; but if we were to receive such a contribution, what would we do with it? Let us begin now to build for the future. Fifteen years from today the city of Los Angeles will contain one hundred thousand inhabitants. Will this Society build its foundation of proportionate dimensions?

My earnest suggestion is that our Society secure a lease of suitable rooms for permanent use at once, and that one of our members be selected to act as curator and librarian.

I sincerely thank you for the uniform courtesy and support shown me as President during the past year. I frankly acknowledge that I have been proud to fill the position; and, as the Association grows in strength and usefulness, my pride in having been one of its early presidents will increase. I can heartily commend the incoming officers to you. My successor as President, Dr. Nadeau, will come into the presidential chair with a mind enriched by the experience derived from performing the arduous duties, for one year, that devolved upon him as Vice-President. The Vice-President-elect, Dr. Sawyer, is from Boston—yes, and permit me to whisper, from Harvard. Think of it! The center of the hub; the focal point of American intellectuality.

Our Secretary-elect, Dr. Cochran, came to our angelic city a few years since from the fertile prairies of the Sucker State. I am happy to say that he has had experience as secretary of a much larger medical society than ours. On him more than on any other man will depend the success or failure of our Association during the ensuing year. Last, but not least, comes our Treasurer-elect. We all know him. Is there a gentleman present who has not been invited by Dr. Orme to come in and take a seat? He is ever the same genial gentleman. He takes great pride in this Society, and whatever office he is placed in he invariably does his full duty. With such a corps of officers the year 1883 will be sure to write a bright record in the annals of the Los Angeles County Medical Association.

OVARIOTOMY: CASE, WITH REMARKS ON DRAINAGE.

BY WEST HUGHES, M. D., LOS ANGELES, CAL.

Augusta Martens, 56, German, married, housewife. During the past few years patient has grown quite stout, and for about six months has noticed in addition a swelling of abdomen, most prominent on right side. In the past three months it has given her inconvenience, causing difficulty of breathing and a dragging pain. For several weeks she has been much worse, and now has an irritating cough.

Examination.—Occupying entire abdominal cavity, but most prominent in right hypochondrium, is a rounded swelling, twice as large as a man's head; dull on percussion, resistant to feel. No accurate examination can be made of its nature and whether fluctuation is present or not, on account of great thickness of abdominal wall; for same reason, bimanual examination is difficult and elicits nothing new. Skin over tumor not adherent, and normal except that entire body is slightly jaundiced.

Probable Diagnosis.—Cystic tumor of right ovary.

Operation.—August 11, etherized, assisted by Drs. de Szigethy, Cowles and Chapman.

Ordinary median incision, beginning one inch below navel and extending downward three and one-half inches. Fat of abdominal wall two inches thick. Peritoneum much thickened and dull. Tumor evacuated with trocar; contents a whitish fluid with fatty flakes, afterwards coagulating. Tumor firmly adherent to omentum for one-half its circumference, and nourished by many large blood-vessels. Adhesions were ligated with silk and cut away piece-

ORIGINAL

meal, a good deal of omentum being removed with tumor. Pedicle transected and ligated with strong double silk.

Tumor was a cyst of right ovary, left ovary being apparently normal; right fallopian tube was removed with ovary. Bleeding slight. Peritoneal cavity wiped out with bits of sterilized gauze, till dry.

Peritoneum and abdominal wound sutured separately. Glass drainage tube, filled loosely with sterilized gauze projecting slightly from each end of tube, one suture being left untied at site of tube.

Dressing of iodoform and boric acid powder, iodoform gauze compress along incision fastened with rubber plaster; over this, freshly-prepared bichloride gauze, 1-500, skin being protected with rubber tissue which had been soaked in 1-2000 bichloride.

Time of operation, one hour; at close pulse was full and strong.

August 14.—Temperature has not been above 100, and with exception of irritability of bladder, patient has been quite comfortable since operation. Wound dressed: dressing saturated with sero-sanguinolent discharge. Similar dressing reapplied, with strip of gauze in tube.

August 16.—Temperature, pulse and respiration, normal since last note. Dressed: discharge slight; tube removed and suture tied, entirely closing wound.

August 21.—Sutures removed; wound entirely healed.

NOTE—*Advantage of capillary drainage: Dressing of 1 500 bichloride.*—I wish to speak with special emphasis of two points in connection with this case. One is the dressing of 1-500 bichloride, freshly prepared. In a number of major and a great many minor operations I have used this dressing, and always with satisfactory results. My plan is to sprinkle over the line of suture, and into the drainage tube if one is used, a mixture of iodoform and boric acid powder—about equal parts by bulk. Over this I place a layer of moist iodoform gauze, from four or five to a dozen thicknesses. Then I take a piece of rubber tissue, as wide and long as I wish the entire dressing to be, and soak it for several minutes in 1-2000 bichloride; an oval piece is cut out of this to fit the iodoform gauze. Over the rubber tissue (the object of which is to protect the skin) I place mussed-up compresses wrung out of 1-500 bichloride, and over this plain absorbent cotton and bandages or abdominal binder. For the gauze I use bleached cheese-cloth, which is very absorbent if you get a good article. This dressing is as simple as it can be, and I think entirely prevents any contamination from without.

The second point is the question of drainage: whether or not to use drainage at all, and the most efficient method. This question is entirely too extensive to discuss in detail. It is frequently very difficult to decide whether or not it is best to use drainage. Whenever there is any doubt, it is certainly safest to provide some means for it; and if it be merely for two or three days, the time of healing of the wound is not lengthened. Unless the path of the drainage tube has become infected, there is no danger of leaving a sinus if the tube is removed before the end of the third day.

Limiting myself to abdominal operations, I would say in general, use drainage:

1. If any pus is encountered during the operation.
2. If contents of a cyst have escaped into abdominal cavity.
3. If bleeding has been very profuse.
4. If it has been necessary to tear or cut extensive adhesions.

I have mentioned these conditions in due order of their importance. In the first condition, i. e., when there is pus, there is no room for doubt. The rule is absolute: the pus cannot be cleared away so thoroughly that drainage may be omitted.

The contents of a cyst may do no harm; but even here I would say, always use drainage.

With regard to the third and fourth conditions there is much room for individual choice. Some of the best operators do not use drainage, no matter how profuse the bleeding, no matter how extensive the adhesions. At present, the tendency is to discard drainage. In such cases I think it best to use drainage temporarily. Then if there is no fever, if the discharge is not very profuse and has no odor, the drainage can be dispensed with after one, two or three days. In a simple uncomplicated ovariectomy, and after all exploratory operations, there is of course no indication for even temporary drainage.

As to the best means, this will vary with the nature of the operation, from a large heavy rubber or glass tube to a few strands of catgut. As the subject is rather extensive I will limit myself to abdominal cases: If there is pus present so that drainage must be kept up for some time, I think it best to use rubber tubing, so thick that it will not collapse and so large that it will not get choked up. Of course, when possible, gravity should be taken advantage of. Rubber is preferable to glass, because it can always be had of the proper length and size; thick red tubing is the most serviceable. I wish, however, to speak especially of temporary drainage, when there is no pus. Then, I think, capillary drainage is the best. A strong glass tube, with small holes

in the lower third. is filled loosely with some aseptic material: a lampwick or sterilized absorbent gauze is the best material, and it should project slightly from each end. It is perfectly marvelous the amount of fluid that will be drained away by capillary attraction. Then when the drainage gets slight (from one to three or four days after the operation), the tube is removed and the last suture tied. I have used this method in several cases with the most satisfactory results.

175 N. Spring St.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

PRESIDENTIAL ADDRESS, 1892.

BY M. L. MOORE, M.D., LOS ANGELES.

Mr. President and Members of the Society—I am well aware that our Constitution requires the retiring President to deliver an annual address, and it was my firm intention to attempt at least to prepare a paper that would do credit to myself and be of interest to the Association. I must confess that I put it off from time to time, until a few days ago I found I had done nothing and must as a result offer you this apology. For me to say nothing would not be showing the deep sense of gratitude I feel toward you for the help and forbearance you have given me, as your Chairman.

During the past year that I have been your President, it has been my aim and ambition to make this Society the success that we would have it. In this I have been earnest. I have no fault to find with anyone; for in all instances, whenever I called upon you for a paper, the request was responded to with a will: and the results have been the production of papers and reports of clinical cases that were full of instruction and were of practical benefit. In the results thus obtained, we can say that the work done has been well done and the objects of this Society have been fully realized.

If I have any criticisms to make, it is in the seeming indifference of some of our older members of the profession to the success of this Society. These gentlemen are men of large practice, and necessarily must have a store of knowledge of practical points that make their presence invaluable to us; and, speaking modestly, we might drop an idea that would be of some value to them.

I fully realize that the life of a physician is irksome; and when a man has practiced medicine and surgery the best part of his life, he does not have the desire or ambition to burn oil and lose sleep in the production of medical papers, nor should he be asked

to do so: yet he should be so interested in the Society work as to encourage and facilitate scientific intercourse and give a knowledge of facts he may have obtained by experience at the bedside. This he is morally bound to do. I think when we ask for his presence only one night in two weeks, and then only for his opinion in the discussion of subjects, we are certainly modest in our demands.

It is therefore evident that we must be earnest, actuated by the same spirit—that of mutual advancement—if we would keep pace with the progress that is being so rapidly made at the present time.

In conclusion I must say that upon the officers of any order or society does not depend the success of its meetings; but in the hearty support by a full attendance, good papers and free discussion, does depend the success of our Society. We have the numbers and we have the material in it to make each meeting equal in point of success to that of any society in the country.

107 N. Spring St.

THE INTERNATIONAL EXECUTIVE COMMITTEE OF THE PAN-AMERICAN MEDICAL CONGRESS.—The Committee on Organization of the Pan-American Medical Congress, at its meeting at St. Louis last October, elected the following International Executive Committee:

The Argentine Republic, Dr. Pedro Lagleyze, Buenos Ayres; Bolivia, Dr. Emelio Di Tomassi, La Paz; Brazil, Dr. Carlos Cesta, Rio de Janeiro; British North America, Dr. Jas. F. W. Ross, Toronto; British West Indies, Dr. James A. De Wolf, Port of Spain; Chili, Dr. Moises Amaral, Santiago; United States of Colombia, Dr. P. M. Ibañez, Bogota; Costa Rica, Dr. Daniel Nuñez, San José; Ecuador, Dr. Ricardo Cicalon, Guayaquil; Guatemala, Dr. José Monteris, Guatemala Nueon; Haiti, Dr. D. Lamothe, Port au Prince; Spanish Honduras, Dr. George Bernhardt, Tegucigalpa; Mexico, Dr. Tomás Noriega, City of Mexico; Nicaragua, Dr. J. I. Urtecho, Grenada; Peru, Dr. J. Casamira Ulloa, Lima; Salvador, Dr. David J. Guzman, San Salvador; Spanish West Indies, Dr. Juan Santos Fernandez, Habana; United States, Dr. A. Van der Veer, Albany, N. Y.; Uruguay, Jacinto De Leon, Montevideo; Venezuela, Dr. Elias Rodriguez, Caracas. Hawaii, Paraguay, Santo Domingo, the Danish, Dutch and French West Indies, are not yet organized. Nominations of local officers have been received from a majority of all the members of the International Executive Committee, and a number of the lists have been confirmed by the Committee on Organization. These will be announced as rapidly as acceptances are received.

CHARLES A. L. REED, Secretary-General.

Cincinnati, January 15, 1892.

Selected.

EYE STRAIN AND DISEASE.

Under the heading of "A Great Medical Discovery Ignored," the Medical News for December 12 says:

There are few medical truths that have been discovered fraught with more possible and incalculable good to humanity than one that is ignored by the great body of the medical profession.

There are explanations and sufficient reasons for this anomalous fact. Among them may be noted these:

1. The discovery has come about slowly and silently. It has been made by no one man and has come with no flourish of international congressional trumpeters. So softly and slowly has it crept into scientific medicine that its own advocates are but half aware of it, and do not yet realize its almost unparalleled value.

2. It is a therapeutic measure that depends for its exercise upon an exactness of knowledge of delicate mysterious physiological and psychological functions that few possess, and upon a subtle discrimination and judgment with which, by character or education, few are endowed.

3. It has the misfortune to depend for its promulgation and practical application upon the specialist, and almost upon the specialist of a specialty—and this in a profession and in an epoch in which it is fashionable to sneer at specialism, and at the specialist who dares plead for the truth he knows: and that, at first at least, only he can know.

4. The tradition and habit and ambition of the ophthalmic specialist is to treat diseases—inflammations—or to perform operations upon the eye. The truth is that refraction work has come into tremendous importance, and must make up nine-tenths of the routine practice of the future ophthalmologist.

Is it an exaggeration to say that the chief complaints of fully one-half of the patients that apply to the family physician are of headache and digestional affections? Is it another exaggeration to say that fully one-half fail to get permanent relief?

Is it again an exaggeration to say that from these causes a large proportion of women have hopelessly resigned themselves to a lifetime of wretchedness?

The oculist daily has patients who have spent (to them) fortunes paying physicians and druggists; who have taken everything and done everything for ten, twenty or thirty years to get relief from wretchedness beyond description. No physician ever said "eyes"

to them. Yet a pair of glasses relieving the compound hyperopic, perhaps unsymmetrical, astigmatism and anisometropia, give relief as if by magic.

If these things are true to anything like the extent contended for, the general standard of health is being distinctly lowered and the average vitality of the race lessened by a cause that so generally and so profoundly affects its mothers for evil. Headache—deranged function of the organ that controls vital function—and digestional abnormality—nutrition being the very source of vital power—have an evil significance impossible of over-valuation.

For twenty years the ophthalmologists have been tirelessly preaching that eye-strain due to refraction errors is the chief causational factor in the production of headache. This is the truth, and yet the truth is ignored the world over. In Europe it is hardly suspected, commonly scouted, and, so far as therapeutic application is concerned, hardly dreamed of. It is only in the United States, and even here only in one or two cities, that the truth has a comparatively adequate application. To the great majority of those of the country who are suffering from ametropically-caused disease, no word has come as to the origin of their trouble.

But this, as regards headache alone, is only half of the truth. Wherever there is headache there is nutritional disturbance. In rare cases there may be a digestional reflex neurosis without headache and due to ocular irritation. Usually the headache precedes or accompanies. Hence it is that the full power of eye-strain to work disaster will never be realized until there is a general recognition on the part of the profession that anorexia, dyspepsia and constipation are very, very frequently due directly to eye-strain. It is perfectly useless to sneer at hobby-riding. The sneer will not alter the fact or relieve the patient. It were better and more scientific to test the theory with a mind free of prejudice. One little proof is ready to hand: let the sneerer put on a pair of spectacles such as every oculist applies every day to correct ametropia. At most it will take but a few hours for the artificial ametropia thus produced to bring on headache, and not only anorexia but probably vomiting. There is one other test, easily applied: paralyze the accommodation for a week or two in a young patient suffering from possible reflex ocular neuroses. The frequent relief will be a striking lesson in differential diagnosis.

Sick headache, from which thousands in every community are sufferers, is usually, if not always, due to eye-strain; and, unless

of life-long duration, is quickly curable by a pair of proper spectacles.

Anæmia is, perhaps, most frequently due to the ocular irritation of uncorrected ametropia, followed by nutritional disturbance. Many cases of hysteria have the same ætiology.

But possibly the worst result of eye-strain is the generally-impaired nutrition, the "nervousness," the neurasthenia, the reduced vitality that so far lessens resisting power as to make the system incapable of withstanding infectious disease or exceptional strain of any type. Eye-strain is a common and great soul-exhauster for the inrooting of a prolific crop of the weeds of general disease.

The "nervous" origin of disease is a fact becoming more recognized every day. If diabetes and albuminuria, as contended, may be of nervous origin, then diabetes, etc., may possibly be due to ametropia. Functional heart trouble, temporary anæsthesia, and paralyses, localized pain, etc., may be caused by a deranged reflex from a morbid peripheral stimulus, such as that of the eye. Functional disease is the forerunner almost always of organic disease: the two are stages or phases of the same fact. Desire and physiological habit produce organs. Unhygienic habit and abnormal function wreck organs.

"But we cure headache, sick headache, giddiness, anæmia and abnormalism of digestion by drugs alone, and every day." Willingly granted! because these affections are often, and perhaps generally, due to other than ocular causes. And more than this, powerful tonics may sometimes relieve, even when the neurosis is of ocular origin. It is an undeniable fact that some cures may be effected without touching the final and veritable causes of the disease. In stopping the one result of a reflex ocular neurosis by powerful drug-action, the reflex may be shunted elsewhere; or more probably the evil effect of forcing ametropic eyes to continue their work without correcting lenses will be to produce the local ocular evils of blunted retinal sensibility (amblyopia), ametropic choroido-retinitis, imbalance of the muscles (heterophoria), conjunctivitis, cataract, etc.

The cause of so much eye-trouble in modern life? A perfectly evident one: The eye in the animal world and in the human organism up to the present century was developed in response to definite need: that of the clearest possible distant vision. Civilization, demanding close and continued near vision, with its printing and writing and schools and commercialism, its indoor and urban life—all this is a thing of the past few dozen years. An organ produced by millions of years of reaction and habit can not, without harm and injury, be forced in a hundred to a different

usage. The tremendous importance of the eye to the organism makes Nature, with her subtle, wonderful wisdom, turn the irritational eye-strain reflex to brain or nutritive system—anywhere but to the all-important eye!—and hence it is that the eye does not feel pain, but other organs do. Inhibited reflexes produce general hyperæsthesia, vertigo, and headache; switched reflexes produce neuralgia, anorexia, car-sickness, etc.

There is one other manner in which civilization may act upon the eye; the intense labor to which it puts the eye brings ocular irritation and congestion, with varying tension, that undoubtedly produce or help to produce corneal asymmetry or astigmatism, the great agent of eye-strain. The necessity for accurate vision the slavish continuance of long ocular labor, spurs the over-sensitive ciliary muscle and nerve-centers to extraordinary exertion; and, each aiding other, the vicious cycle is complete. The hyperæsthetic sensibilities, the headaches, night-terrors and anorexia of pale, early-forced, book-fed school children, are the inevitable product of far-sighted astigmatism and short-sighted ambition. The brain is forced to unwonted tasks with imperfect ocular means. A discriminating physiologist sees that the eye is an organ fearfully overworked, bound up most intimately with every mental and physical act, most indescribably delicate in adjustment and function, and responding to a stimulus millions of times more swift and more infinitesimally small than that of any other sense-mechanism of the body.

Psychologically, character and calling in life have doubtless often been changed and determined by ocular irritation. It is a truism that the disposition is entirely changed by it. The mind is almost the sole product of the function of vision: all thinking being in pictures—the very letters of the alphabet being conventionalized pictures. American morbid restlessness and hyperæsthesia may to some extent be due to ocular irritation.

The practical lesson of it all is (so subtle are these beginnings and causes of evil) that every child, well or not well, should have its eyes examined to see if possible or unsuspected abnormality of the refraction exists. Especially is the possibility of an ocular origin to be suspected in all cases of malassimilation not clearly traceable to other causes, in all cases of headache, neuralgia, chorea, nightmare, insomnia, etc.

With this proviso and condition: That the ophthalmologist have been thoroughly trained in the very modern science and art of refraction; that a mydriatic be used; and that the refractive error be patiently and accurately worked out, not with ophthalmoscope but with the test-lenses, and worked out to a quarter or

even to an eighth of a dioptré; and that a painstaking optician fit and adjust accurately-made lenses. It is also necessary that spectacles be readjusted monthly so that they shall be kept with mathematical precision in their proper position before the eye.—*New York Medical Journal*.

***ON EXALGINE AS AN ANALGESIC.**

BY DR. C. FERREIRA, RIO DE JANEIRO.

From the cases in which I have had occasion to use exalgine I select five as of particular interest, and which confirm the results obtained by Dujardin-Beaumetz, Gaudineau, Frazer, etc.

Case I. *Locomotor Ataxia*.—J., aged 46, fair constitution; no nervous antecedents; had syphilis in 1883; April, 1890, I established the fundamental symptoms of tabes; disturbance of tactile sensibility, girdle pains, lightning pains, absolute abolition of the rotulian reflexes, Romberg's sign, etc. I ordered five grains of exalgine daily, with prompt amelioration, and at the end of three days the lightning pains had entirely disappeared. Later on these again appeared, but with less intensity and were again controlled by the same remedy.

Case II. *Intense Intercostal Neuralgia*.—Mrs. C., June 12, 1890. Is very anæmic and has hysteric and neuralgic troubles. Complained of very severe pain for two days. There were no respiratory nor circulatory difficulties. I prescribed exalgine, 6 grains, one-half at night and the rest in the morning. The pain, much amended by the first dose, disappeared entirely after the second, and has not since recurred.

Case III. *Facial Neuralgia*.—Girl of 12 years. Had taken a variety of medicines, ending with antipyrin, without striking results. Two doses of exalgine of 3 grains each, two hours apart, completely cured the neuralgia.

Case IV. *Acute Articular Rheumatism*.—A man of 26, who suffered from rheumatism of the elbow and wrist to such an extent that movements of these articulations caused him to cry out. Topical applications had given no relief.

I ordered 40 cgrm. (6 grains) daily in two doses, with the result of almost immediate relief. Complete cure of the pain followed in a few days with subsidence of the swelling of the joints.

*Translated from the Bull. Gén. de Thérapeutique.

Case V. *Angina Pectoris*.—Negress, forty years, addicted to alcoholic excess. Suffered greatly from thoracic pains. I found all the symptoms of a generalized arterio-sclerosis, with the physical signs of dilatation of the aorta. Exalgine effected a rapid cure of the pain in this case.

The above facts show clearly the value of exalgine in the symptom of pain, and the drug should be more widely known. Tolerance of the drug was perfect, and I have never remarked any disagreeable effect.

DELIRIUM TREMENS.—

R. Tinct. Capsici..... $\frac{1}{2}$ oz.
 Peacock's Bromides.....1 oz.
 Celerina..... $2\frac{1}{2}$ oz.

M. Sig.—Teaspoonful, in water, as required, for wakefulness and excitement.

DOCTOR: If you want the proceedings of the leading New York medical societies, the college and hospital clinics, and all the current medical news of that city, as well as a complete list of medical, dental, pharmaceutical, veterinary and scientific journals, send two dollars to Dr. Ferdinand King, P. O. box 1209, New York, for the Doctor's Weekly one year. It will pay you.

THE College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1892. Essays intended for competition may be upon any subject in medicine, and must be received by the Secretary of the College on or before May 1, 1892. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College.

CHARLES W. DULLES, Secretary.

THE Cosmopolitan offers \$500 in prizes for three essays upon aërial navigation:

1. \$250 for the most valuable paper suggesting the best methods of accomplishing the navigation of the air.
2. \$100 for the second most valuable essay on the same subject.
3. \$150 for the best paper on the result which successful aërial navigation would have upon the moral and material interests of the world.

The papers to be in the possession of the Cosmopolitan before February 1, 1892.

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Address all communications to

H. BERT. ELLIS,

Editor and Publisher Southern California Practitioner,

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

INTRODUCTION TO VOLUME VII.

It is not allowable for members of the so-called learned professions to praise themselves. A minister cannot publish in the morning papers that the best sermons in the city are to be heard at his church; the lawyer is not permitted to publicly claim that he can secure an acquittal of his client; the reputable physician is debarred from advertising that he can successfully treat diseases. Each may have the reputation of being capable of accomplishing these desiderata; but such a reputation must rest upon the merit of the individual, as judged by his friends, and not upon his own claims. Other occupations are not so limited in their privileges: the merchant has a right to advertise his wares, the hotel keeper to praise his accommodations, the teacher to extol the excellence of his instruction, and the editor to publish the amount of his circulation and claim merit for his journal; all these are legitimate only as they are true.

As we start upon our seventh year we think it not improper to reiterate that we are endeavoring to make this journal the medium

of expression of the medical thought of the Southern Pacific Coast. We hope also, with all modesty, to be able to give such cullings from the outside medical world as to be of value to the busy doctors who may be fortunate enough to take the *PRACTITIONER*. This is still the only strictly medical journal in this section: although we expect this year to welcome a contemporary devoted to the important department of preventive medicine, and edited by Dr. Remondino of San Diego. As our friend's journal will be both for the profession and the laity, we expect it will so advertise the country and so increase the population of this section that the circulation of the *PRACTITIONER* will be enlarged thereby.

The medical profession of Los Angeles contains many bright men. The ratio of the doctors to the population is the highest, as far as we know, in the whole world—1 to 196. The reason is plain: the overworked practitioner of the East comes here for his health, and often is obliged to depend on his profession for his living. The high character of the medical immigration compels the local physicians to be well prepared. This state of affairs, we believe, is reflected in the general excellence of the papers published in the *PRACTITIONER*.

So, in comparing ours with other journals, we think we have no reason to be ashamed.

THE PAN-AMERICAN MEDICAL CONGRESS IN THE UNITED STATES OF COLOMBIA.

Pursuant to nominations by Dr. Pedro M. Ibanez, of Bogota, member of the International Executive Committee for the United States of Colombia, the following organization of the Pan-American Medical Congress has been effected in that country: *Vice-President*, Dr. Pio Rengifo, New York; *Secretaries of Sections*—General Medicine, Dr. Ignacio Gutierrez Ponce, Paris; General Surgery, Dr. Rafael Rocha Castilla, Bogota; Military Medicine and Surgery, Dr. Abraham Aparicis, Bogota; Obstetrics, Dr. Joaquin Maldonado, Bogota; Gynecology and Abdominal Surgery, Dr. Jose M. Buendia, Bogota; Therapeutics, Dr. Manuel Plata Azuero, Guaduas; Anatomy, Dr. Joan D. Herrera, Bogota; Phynology, Dr. Antonio Bargas Vega, Bogota; Pathology, Dr. Nicolas Osorio, Bogota; Diseases of Children, Dr. Ant. Gomez Calvo, Bogota; Ophthalmology, Dr. Proto Gomez, Bogota; Laryngology and Rhinology, Dr. Luis Fonnegra, Bogota; Otology, Dr. Carlos Esguerra, Bogota; Dermatology, Dr. Daniel E. Coronado, Bogota; Orthopædics, Dr. Juan E. Manrique,

Bogota; Naval Hygiene and Quarantine, Gabriel I. Castareda, Bogota; General Hygiene and Demography ———; Mental and Nervous Diseases, Dr. Pablo Garcia Medina, Bogota; Oral and Dental Surgery, Dr. Guillermo Vargas Paredes, Bogota; Medical Pedagogics, Dr. Jorge Vargas, Bogota; Medical Jurisprudence, Dr. Leoncio Barreta, Bogota; *Auxiliary Committee* (each member being the official representative of the Congress in his respective City)—Dr. Nicolas Osorio, Dr. Andres Posada Arango, Dr. Jorge E. Delgado, Dr. Eugenio de la Hoz, Dr. Domingo Cagiad, Dr. Jose Manuel Rodrigues, Dr. Paulo Emilio Villar, Dr. Felix M. Hernandez, Dr. Rafael Calvo, Dr. N. Ribon, Dr. Milceades Castro, Dr. Cayetano Lombana, Dr. Jose M. Martinez, Dr. Isaias Saavedra, Dr. Severo Forres, Dr. N. Villa, Dr. Evaristo Garcia, Dr. Miguel Caicedo, Dr. Emilio Villamizar.

The following medical societies have been elected as auxiliaries of the Congress, viz.: Academia Nacional de Medicina, Academia de Medellin, Sociedad de Medicina del Cauca.

The following medical journals have been designated as official organs of the Congress, viz.: *Revista Medica*, Bogota; *Revista de Higiene*, Bogota; *El Agricultor*, Bogota; *Boletin de Medicina del Cauca*, Cali; *Anales de la Academia de Medicina de Medellin*, Medellin.

The expressed wish of the profession of the United States of Colombia is for a date of meeting during the Columbian Exposition.

CHARLES A. L. REED, Secretary-General.

Cincinnati, January 17.

EDITORIAL NOTES.

DR. S. KNOFF, whose letter appears in this issue, is surgical assistant to Prof. Tillaux at the Hotel Dieu, Paris.

THE Santa Fe in Southern California has had another change in its medical management. With the new year Dr. O. D. Fitzgerald went out and Dr. N. H. Morrison went in. "The King is dead; long live the King!"

At the election of officers, for the year 1892, of the Los Angeles County Medical Association, the following were elected: President, Dr. W. W. Hitchcock; Vice-President, Dr. John R. Colburn; Secretary, Dr. Lule T. Ellis; Treasurer, Dr. Wm. Dodge.

THE HARVARD MEDICAL SCHOOL ASSOCIATION.—The report of the first annual meeting, held in Boston, on June 23, 1891, has reached us in the shape of the "Bulletin of the Harvard Medical School Association." All graduates of the school who have not received

this publication are requested to send for it to the Secretary, Dr. Robert W. Lovett, 379 Boylston Street, Boston, Mass.

THE San Jose Mercury, forty-four pages, and the Oakland Tribune, forty pages, extra editions, have come to our table. From a newspaper standpoint they are worthy productions, and cannot but be of benefit to their respective localities.

DURING the Christmas holidays the University of Southern California lost by death its first and only President, Dr. M. M. Board. For the past few years the Doctor's health has been far from good, but it was not generally known that he was a sufferer from chronic Bright's disease. His last illness was of short duration. At a late meeting of the Governors, J. P. Widney, A.M., M.D., Dean of the College of Medicine, was elected President of the University.

MEMBERSHIP in the American Pharmaceutical Association is obtained only by election at the annual meeting. "Every pharmacist and druggist of good moral and professional standing, whether in business on his own account, retired from business, or employed by another, and those teachers of pharmacy and materia medica," are eligible for membership. For blank application and further information address Dr. H. M. Whelpley, 2729 Washington avenue, St. Louis, Mo., Chairman of Committee on Membership.

DR. FERDINAND KING, of New York, who has made the International Journal of Surgery such a power in the land, severed his connection with it on the appearance of the December number. On January 1 he is to begin the publication of a medical weekly, to be known as the Doctor's Weekly, to which he promises to devote his best energies. New York already has two most excellent weeklies, and as Dr. King is a man of considerable executive ability and an able editor we feel safe in predicting for the new weekly a wide field of usefulness.

NEW JOURNALS.—This is the season of the year for the appearance of new medical journals. Already several have reached our table. New York has a new weekly, "The Doctor's Weekly," edited by Ferdinand King, M.D. It differs radically from existing weeklies, and partakes much of the nature of a weekly newspaper. The New York "Journal of Gynecology and Obstetrics," edited by Drs. A. H. Buckmaster and J. D. Emmet, also comes from the far East. From the West we have received "The Sanitarian," a Texas production, and "Annals of Ophthalmology and Otology," a quarterly from Kansas City. They all give promise of making themselves felt.

CORRESPONDENCE.

NEW LICENTIATES.

At a meeting of this Board held December 1, 1891, the following-named physicians were granted certificates to practice medicine and surgery in this State:

Atwell, F. S.	Corralitos	Long Island Hosp. Coll., N. Y., June, 1883
Adams, W. L.	San Francisco	Med. Dept. Tulane Univ., La., April 1, 1890
Bryant, E. H.	Los Angeles	Univ. of Penna., May 1, 1890
Comings, L. B.	Coronado	Bellevue Hosp. Med. Coll., N. Y., March 1, 1865
Caldwell, G. W.	Los Angeles	Med. Dept. Univ. of Denver, Col., April 15, 1891
Dana, I. P.	San Diego	Dartmouth Med. Coll., N. H., Nov. 13, 1884
Fernandez, M. G.	San Francisco	State Examination City of Bieblo, Mex., March 29, 1890
Fowler, C. C.	Los Angeles	Univ. of Penna., May 1, 1889
Golden, J.	Oleander	Univ. of Mich., March 31, 1869
Hertzstein, Morris	San Francisco	Frederick Wilhelm Univ., Berlin, Ger., July 3, 1891
Iglick, Samuel	Sierra City	Columbus Med. Coll., O., Feb. 25, 1888
Ingersol, I. F.	San Francisco	Queen's Univ., Canada, March 23, 1863
Martin, C. H.	Tiburon	Med. Dept. Univ. of Denver, Colo., March 26, 1885
McMurdo, J. R.	San Francisco	Med. Dept. Univ. of Calif., Nov., 1891
Newell, W. H.	San Francisco	Med. Dept. Univ. of Penna., March 17, 1859
Preston, W. H.	San Francisco	Rush Med., Coll., Ill., Feb. 22, 1881
Read, J. B. A. H.	Stockton	Med. Dept. Univ. of Vermont, July 5, 1890
		Bellevue Hosp. Med. Coll., N. Y., March 13, 1891
Sprague, F.	San Francisco	Woman's Med. Coll. of Penna., May 6, 1891
Sims, J. M.	San Francisco	Med. Dept. Univ. of Calif., Nov. 10, 1891
Sapp, C. E.	San Francisco	Med. Coll. of Ohio, Cincinnati, Feb. 27, 1875
Sanford, Paul	Pleasanton	Kentucky School of Medicine, Ky., June 30, 1891

CHAS. C. WADSWORTH, Secretary.

ASSOCIATION OF MILITARY SURGEONS OF THE NATIONAL GUARD OF THE UNITED STATES.

St. Louis, Mo., December 9, 1891.

The second annual session of the Association of Military Surgeons of the National Guard of the United States, will be held at St. Louis, April 19, 20 and 21, 1892. An interesting programme of addresses by prominent surgeons of the National Guard and the United States Army has been arranged, and a goodly number of scientific papers on military and accidental surgery will be read and discussed, and all matters pertaining to the health, usefulness and welfare of the civilian soldiers will receive attention.

The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by hospital corps of the United States Army, detailed for this purpose; this will be a very important as well as instructive feature of this session. The evenings will be given up to entertainments, receptions and banquets, which the medical profession and generous citizens of St. Louis have

planned for their distinguished guests. The Committee of Arrangements have received the assurance that transportation will be satisfactorily reduced, on all railroads and steamboats, to and from this meeting. The several hotels have promised a low and uniform rate, which will be announced at an early date. It is anticipated that not less than five hundred surgeons and assistant surgeons of the National Guard of the United States will be in attendance, to all of whom the Committee of Arrangements extend a most cordial welcome. Courteously,

EUSTA. CHANCELLOR,
Chairman Committee of Arrangements.

PARIS LETTER.

DEAR PRACTITIONER—The Parisian Faculty of Medicine began again its winter work on the 15th of November, and everything is now in running order. As it is at home, so it is a time-honored custom here to have a lecture "d'ouverture." Much unusual eloquence has been displayed here at these occasions this fall, and especially by the more recently elected and younger professors.

The opening of the new "Maternité de l'Hôpital de la Charité" must be noted as an important event in the history of obstetrical teaching at the Faculty of Medicine of the University of Paris. Dr. P. C. Budin, "Professeur agrégé," who is in charge of this new clinic, has laid out a very interesting programme, which will make his "Maternité" a great attraction to students. The buildings and inner equipments are largely arranged after the "Tarnier Maternité," which I mentioned in one of my former letters, and which is considered the best in France. The "Société de Dermatologie et de Syphiligraphie" held lately a meeting at which Professor Fournier presented a case of hystero-syphilis. I will state part of the history of the patient, which shows beyond doubt that hystero-syphilis may manifest itself in the male as well as in the female. A young man 24 years of age, with no family or previous personal history of nervous affection, presented the first hysteric manifestations during the second stage of acquired syphilis. He would alternately laugh and cry, and at certain times (often every day and always at the same hour) lose all reasoning power, pursue his fellow patients with a knife, and commit other insane acts: a fact which Professor Fournier justly pointed out as of vital medico-legal importance. The methodic anti-syphilitic treatment relieved the specific and nervous manifestations to a great extent, but the patient left the hospital too soon, only to come back with the same hysteric symptoms and an additional sensitive sensorial hemiplegia of the left side. In this condition he was presented to the Society.

At the same meeting Dr. Hallopeau spoke of his continued experiments with Koch's tuberculine and the favorable result obtained in a case of lupus, but he admitted at the same time the great danger of the

employment of tuberculine as long as its effects can not be centralized to the local disease. Professor Fournier, Drs. Hardy and Besnier, expressed themselves decidedly against the employment of tuberculine, and doubted strongly its lasting salutary effects in any case of lupus.

At the "Academie des Sciences" Professor Verneuil read a paper prepared by Professor Le Dentu, entitled: "Implantation of Large Fragments of Decalcified Bone to Substitute the Loss of Bone Substance." Professor Le Dentu cited a case in which he had obtained a beautiful result by replacing seven centimeters of resected tibia and fibula (resection for local tuberculosis) by one single piece of decalcified bone of veal. He had carefully sutured over the fragment the periosteum and integument, and immediately applied a plaster-of-paris bandage. The first dressing remained undisturbed two weeks, and the temperature never rose above 38° centigr. It was then found necessary to make a slight opening in order to let a rather large quantity of dark serous fluid escape. After three months the patient left the hospital cured; his ankle joint supported by a leather band, he is now able to walk several kilometers without any fatigue. Professor Le Dentu, who has tried the experiment with more or less favorable results on nine patients, draws from his experience the following conclusions: The decalcified bone performs at first the function of a support, and before it is entirely absorbed it gives to the periosteum and osseous substance time for the reconstruction of new bone. To have a favorable result it is necessary that the patient should be rather young, the periosteum as complete as possible, all surrounding diseased tissue entirely removed, and of course the strictest antisepsis applied. For those of the PRACTITIONER readers who desire to try the operation, I will add the recipe for the preparation of decalcified bone, and some of the author's suggestions as to when the operation is best indicated. To prepare the decalcified bone one should choose the bones of freshly killed beef, veal or mutton, and remove immediately the periosteum and marrow. The femur and tibia, on account of their compactness, are the most suitable. The pieces, cut into different sizes, are placed for a week in a ten per cent. solution of hydrochloric acid, then washed in pure water; after this put in a corrosive-sublimate solution for about twenty-four hours, and finally in a solution of etherized iodoform and therein preserved until used.

The implantation of decalcified bone might find a useful application in cases of:

1. Resection—for tuberculosis, osteomyelitis, tumor—of long and short or entire removal of short bones.
2. Resection of long and short bones, in complicated fractures.
3. Trepanation of the cranium for fractures and tumors.

Of new French medical literature I must note the work of Professor Hayem, the distinguished therapist of the Parisian faculty. He has just given to the profession a remarkable book. It is the third volume of his "*Leçons de Thérapeutique*," and is mainly devoted to the treatment of pain (*Traitement de la Douleur*). It would take too

much time and space to completely review this excellent work, so I will only note a few interesting items. How and by what shall we be guided in choosing a remedy to relieve pain? Professor Hayem answers: We should be guided, first, by the intensity of pain; second, by the location of the suffering parts; third, by the course taken by the painful manifestations; fourth, by the age of the affection producing the pain. To guard against the danger of morphinomania Professor Hayem advises, whenever possible, to supplant a hypodermic injection of morphine by a corresponding dose of antipyrine or theine. For facial neuralgia, migraine, etc., he recommends phenacetine, if there are no gastric disturbances accompanying the nervous manifestations. Many of the new remedies have been duly tested by Professor Hayem himself in his hospital and private practice, and thus the work may well be considered as one of the best of the day in the line of practical therapeutics.

By the time this report will have reached the press the new year will not be far, and so I must not fail to close this letter with best wishes for "a prosperous new year and many happy returns of the season" for the PRACTITIONER and its readers, from,

Yours very truly, S. KNOPF, M. D.

Paris, November 27, 1891.

BOOK REVIEWS.

THE CALIFORNIAN ILLUSTRATED MAGAZINE. CHARLES FREDERICK HOLDER, Editor; E. T. Y. PARKHURST, Assistant Editor; ANDREW BROWN, General Manager; CARL DAHLGREN, Art Manager. January, 1892.

The frontispiece of the Californian for the holiday or January number, shows an incident in cross-country riding in California in mid-winter, where the horses beat down flowers instead of frozen snow-crust. Two horses are shown going over a hedge and ditch, with the greyhounds between them, one rider going down. The sketch is by Mr. Harmer, the illustrator of Captain King's novels, and is an actual incident in the experience of the Valley Hunt Club. Dr. F. F. Rowland, Master of Hounds of this fashionable club, gives a spirited and handsomely illustrated article on Cross-country Riding in California.

The poets of the number are J. W. Wood, Emily Brown Powell, Virna Woods and Grace Ellery Channing.

Lieutenant Finley, Chief of the Weather Bureau at San Francisco, answers the many questions about Pacific Coast climate that are often asked—explains why it rains only in winter; while Dr. P. C. Remondino, President of the San Diego Board of Health, in a valuable paper, shows the relation of climate to health.

The Hon. Ellwood Cooper, of Santa Barbara, the pioneer olive-raiser in this country, and the best authority on the subject, gives

his experience in a well illustrated paper, showing olive groves, the old Mission trees, the olive works, etc.

The ancient wonders of the West are well presented in the paper of Charles F. Lummis on the "City of the Sky,—Acoma," in New Mexico, one of the oldest cities in this country. The illustrations show the ancient stairway in the rocks, the old city from various points, the church, etc.

One of the most important papers in this number is the expose of the secrets of the Chinese highbinders, by the Rev. Mr. Masters, Superintendent of the Methodist Chinese Mission in San Francisco. The paper, which is illustrated, is of especial interest, as it shows the relation between the highbinder war now going on in San Francisco and the trouble in China. The expose is the first ever made, and was taken from a secret book kept by these thugs and murderers. The importance of this to the Chinese may be imagined, when it is known that it may be compared to a divulging of the secrets of Free Masonry, supposing that the latter was for an unworthy object.

THE COMPARATIVE ANATOMY OF THE DOMESTICATED

ANIMALS. By A. CHAUVEAU, M.D., LL.D.; Member of the Institute (Academy of Sciences); Inspector-General of Veterinary Schools in France; Professor at the Museum of Natural History, Paris. Revised and enlarged, with the co-operation of S. ARLOING, Director of the Lyons Veterinary School; Professor of Experimental and Comparative Medicine at the Lyons Faculty of Medicine. Second English edition. Translated and edited by GEORGE FLEMING, C.B., LL.D., F.R.C.V.S.; Late Principal Veterinary Surgeon of the British Army; Foreign Corresponding Member of the Société Royal de Médecine, and of the Société Royal de Médecine Publique, of Belgium; Foreign Associate of the Société Centrale de Médecine Vétérinaire of France; Honorary Life Member of the Royal Agricultural Society of England; Foreign Member of the Société Nationale de Agriculture of France, etc.; Examiner in Anatomy for the Royal College of Veterinary Surgeons. With 535 illustrations. New York: D. Appleton & Co. 1891. Price, \$7.00.

This work appeared some eighteen years ago in the French language, and seventeen years ago Prof. George Fleming translated it into English. At once it occupied the same relation to comparative that Gray did to human anatomy. The good opinion which it at once received continued for some years; but recently other works have crowded it close for public favor, while in the meantime the French original had gone through three editions, easily holding first place at home. The fourth French edition appeared last year, and is the foundation for this the second English edition. To it has been added many editorial remarks by the translator, and a very full index of thirty-two pages, which very materially increases the value of the work. The book in its present form is a royal octavo of thirty-six chapters and 1084 pages, is printed in long primer and brevier, and has almost six hundred

illustrations, the greater number of which are by Chauveau himself. The selected cuts are principally from Wilson, Carpenter, Balfour and Kœlliker. This new translation, with its additions, is certainly the best comparative anatomy which it has been the privilege of the reviewer to examine, and it certainly should be in the hands of all veterinary surgeons.

A TREATISE ON PRACTICAL ANATOMY: For Students of Anatomy and Surgery. By HENRY C. BOENNING, M.D.; Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy; Demonstrator of Anatomy in the Medico-Chirurgical College; Demonstrator of Anatomy in the Philadelphia Dental College; Lecturer on Diseases of the Rectum in the Medico-Chirurgical College, etc. Illustrated with 198 wood engravings. Philadelphia and London: F. A. Davis, Publisher. 1891. Price, cloth or oil cloth, \$2.50 net.

During the past few years there have appeared many new anatomies, as well as new editions of old works on the subject. Some of these books have been exhaustive in their nature, covering the whole field; others have been regional or surgical in their handling of the subject; while by far the greater number have been compendiums, expressly intended for the hard-worked medical student. From the title and size of this book we had expected to find a work combining the characteristics of the compendiums and the works on regional anatomy. In this, however, we were disappointed; for on a close examination I find it to be a short independent work on anatomy, written by a practical teacher, and in no sense a compilation. The descriptions of the bones and the articulations are very good, but the muscles are altogether too superficially handled; their action is not given at all—probably because that would be physiology. The rest of the book is good, but not elaborate; some of the illustrations are very poor. Altogether, we believe that the book would be of more service to the student if smaller type were used, so as to reduce the bulk of the volume.

A MANUAL OF PRACTICAL OBSTETRICS. By EDWARD P. DAVIS, A.M., M.D., Clinical Lecturer on Obstetrics in the Jefferson Medical College; Professor of Obstetrics and Diseases of Children in the Philadelphia Polyclinic; Visiting Obstetrician to the Philadelphia Hospital; Physician to the Children's Department of the Howard Hospital; Member of the American Gynecological Society, etc. With one hundred and forty illustrations, two of which are colored. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1891. Price, \$2.00

This is a book after the reviewer's own heart—one which meets his unqualified approval. As the title indicates, it deals with practical midwifery. The details of anatomy, physiology and embryology, necessary as they are to a full understanding of the entire science, are left out, and the book dwells upon the management of both normal and abnormal labors and of the care of mother and child during the puerperium. The

manual is concise, modern, and of course is in favor of thorough aseptic treatment.

He takes decided stands on most questions, but we think he is on the right side of all of them. He is in favor of chloroform in nearly all cases of labor, pushed to anæsthesia only at the birth of the head. By a proper use of chloroform, labor is expedited, delivery facilitated and lacerations of the perineum prevented. He advocates the left lateral position for the mother, and a protection of the perineum by the Vienna method.

He regards eclampsia as due to ptomaines and not alone the fault of the kidneys, and endeavors to secure elimination of the poison by all possible means.

For anæmia he prefers arsenic and the inhalation of oxygen to other drugs.

Only one bichloride douche is given after a normal labor, but utmost cleanliness enforced.

The chief value of the work, besides its correctness, is the fullness yet conciseness in detail in the antiseptic management of labor and its complications. For the advanced student and for the practitioner it is a most valuable book—one that can be carried about and yet containing more practical points than many larger works.

HISTORY OF CIRCUMCISION FROM THE EARLIEST TIMES

TO THE PRESENT. Moral and Physical Reasons for its Performance, with a History of Eunuchism, Hermaphroditism, etc., and of the Different Operations Practiced upon the Prepuce. By P. C. REMONDINO, M.D. (Jefferson), Member of the American Medical Association; of the American Public Health Association; of the San Diego County Medical Society; of the State Board of Health of California, and of the Board of Health of the City of San Diego; Vice-President of California State Medical Society, and of the Southern California Medical Society, etc. Philadelphia and London: F. A. Davis, publisher. 1891. Price, cloth \$1.25, paper 50 cents.

Some months ago we reviewed this work, from manuscript, in the *PRACTITIONER*; so that we simply desire now to call the attention of our readers to the fact that it is in print and may be obtained in this city at Jones' bookstore, on First street.

The subject is handled without gloves, and is written, as the doctor says, "that it may be read not only by the Solon, Socrates, Plato or Seneca of the laity or the profession, but even by the billy-goat-dispositioned, vulgar plebeian, who could no more be made to read cold, scientific, ungarnished facts than you can make an unwilling horse drink at the watering trough."

The author continually writes as though he considered the prepuce the cause of all the ills that human flesh is heir to.

However, it is most entertainingly written, and makes wonderfully interesting reading, although it is faulty in its frequent digressions.

SAUNDERS' POCKET MEDICAL FORMULARY; with an Appendix containing posological table; formulæ and doses for hypodermic medication; poisons and their antidotes; diameters of the female pelvis and fetal head; diet list for various diseases; obstetrical table; material and drugs used in antiseptic surgery, etc. By WILLIAM M. POWELL, M.D., author of "Essentials of Diseases of Children;" one of the associate editors of the *Anna's of Universal Medical Sciences*; attending physician to the Children's Seashore House for Invalid Children, and the Mercer House for Invalid Women, at Atlanta City, N. J.; member of the Philadelphia Pathological Society; formerly Instructor of Physical Diagnosis in University of Pennsylvania; attending physician to the Children's Clinic at the University and St. Clement's Hospitals; Chief of the Medical Clinic of the Philadelphia Polyclinic. Philadelphia: W. B. Saunders, 913 Walnut street. 1891. Price, cloth \$1.50, cloth tucks \$1.75.

This is a kind of book which the reviewer is not altogether in sympathy with, but for which he knows there is considerable demand throughout the profession. Of its kind, however, there are none equal to it, in so far as the reviewer has any knowledge. Its points of superiority may be enumerated as follows: It is of a convenient pocket size; diseases are taken up in alphabetical order, and at the end of each letter are introduced several blank pages for additional formulæ; the prescriptions have been obtained from the latest standard works, and formulæ containing the later remedies have also been introduced; in the appendix the diet table cannot but be of service to those who use the book. In future editions, it is the opinion of the reviewer, much good would result in writing all prescriptions in the proportion for a single dose; for then the users of the book would learn the size of dose in the combination of drugs, and would not be simply memorizers of formulæ, as they usually are in a work of this kind.

THE PHYSICIAN AS A BUSINESS MAN: or, How to Obtain the Best Financial Results in the Practice of Medicine. By J. J. TAYLOR, M.D. Philadelphia: The Medical World, 1520 Chestnut street. 1891. Price, \$1.00.

This is a small work of less than one hundred and fifty pages, and the matter nearly entirely selected material, but there is in it very much of practical value. The book is divided into six chapters, entitled: The Physician's Present Condition; Public Value of Medical, Surgical and Sanitary Services; Practical Methods and Suggestions—Fees and Fee-bills; Collections; The Prescription; Miscellaneous.

The book is full of good suggestions, which if followed out would certainly place the profession in a much better financial condition. In a short review we may only give a few of the suggestions: In order to prepare for sickness and old age there should be a monthly saving. This may be done by taking as

many shares as can be carried in a reliable building association. Always be neat—not like a dude. The physician who depends on the gratitude of his patients for his fees is like the traveler who waited on the bank of the river until it finished flowing, so that he might cross to the other side. Never allow sentiment to interfere with business. The “thank you” is best emphasized by the silvery accents of clinking coin.

The book contains fee-bills from all over the country, so that a physician in any part of the country can tell what doctors in other parts charge. It also contains excellent suggestions and forms for bill heads and prescription blanks.

DIAGNOSIS AND TREATMENT OF HEMORRHOIDS AND OTHER NON-MALIGNANT RECTAL DISEASES. By W. P. AGNEW, M.D. Second edition. May be obtained from the author, 410 Van Ness avenue, San Francisco, Cal. Price, \$1.00.

In a private letter the author complains that his publisher was unreliable, irresponsible and incompetent, and that the first forms had to be run off a second time. With these explanations from the writer of the book it is hardly necessary to speak of it from a literary standpoint. A second edition will in all likelihood be much freer from literary blemishes. We quote from the author's preface as to the aims of the book: “Nowhere in medical lore do we find suitable instructions whereby the beginner may knowingly and intelligently engage in rectal examination—what to expect, where and how to find it, and how to pursue each succeeding step in applying the treatment. In preparing this hand-book the object will be to give, in plain and comprehensive language, a few general rules, which cannot but lead to success in the treatment of all non-malignant rectal troubles.” While Dr. Agnew succeeds to quite an extent in his objects, still he is too firm an advocate of the carbolic acid treatment to be altogether a safe guide. He claims that with the carbolic acid he has had grand success, and cannot conceive of a failure. But many disastrous results have occurred from its use.

SURGERY: ITS THEORY AND PRACTICE. By WM. JOHNSON WALSHAM, F. R. C. S.; Assistant Surgeon to St. Bartholomew's Hospital; Surgeon-in-charge of the Orthopædic Department, and Demonstrator of Practical Surgery, at St. Bartholomew's Hospital; Surgeon to the Metropolitan Free Hospital, London, etc. Third edition. Revised and enlarged, with three hundred and eighteen illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1891. Price, \$3.00.

The reviewer has often thought, while reading some of the large—almost encyclopædic—works on modern surgery, how utterly impossible it would be for the student to obtain, from the great mass of material, just the information that is needed and would be of practical use for him in after life. And, on the other

hand, some of the so-called compends are altogether too meagre and leave out many of the points which it may in future years be of untold worth to know. A work extensive enough in pathology, and yet sufficient in practice to give the student or busy practitioner the essentials of surgery, is a valuable addition to a medical library. Such a book is Walsham's Surgery.

It does not claim to go into the details of bandaging and operative surgery, yet in reading it through I found hints not mentioned in many a more pretentious work. For example: in speaking of ligation of arteries, it advocates the tying of both ends of the vessel, lest the hemorrhage may still continue from the open distal end by means of collateral circulation supplying blood below the wound (p. 191).

Once in a while an expression occurs which sounds queer to American ears; for instance, "slop diet" is recommended in erysipelas; while the word "slop" is correct enough, it would be a little too suggestive to order in the presence of our patients.

In pathology the work is excellent, modern, and sufficiently extensive to meet ordinary wants; but the reviewer hardly agrees with Walsham when he says a simple fracture can be complicated with tetanus, or with erysipelas (p. 174).

The plan of the work treats first of the pathology of surgical diseases (94 pages), then the general pathology of injuries (40 pages). Its next 40 pages are devoted to special injuries. In the fourth section 100 pages are given to diseases of special tissues. Regional injuries occupy 125 pages, and diseases of regions nearly 300 pages more. A short appendix on amputations completes the book.

From a perusal of the above the reader will readily see that the subject matter is brought to his notice in the same way as the cases come to him — not with the diagnosis all made up, but with a certain disease or injury affecting some organ; we think such a presentation is the proper one, as the student thus learns to run over all the possibilities before coming to a conclusion as to what ails the patient.

SCIENTIFIC MEDICINE IN ITS RELATION TO HOMŒOPATHY.

By Professor THEODORE BAKODY M.D., of the Buda-Pesth University. Translated from the German by RUDOLPH F. BAUER, M.D. Philadelphia: Boericke & Tafel. 1891. Price, 50 cents net.

This book is interesting in itself as coming from an educated homœopath, but more particularly on account of the nature of its subject matter. Its title is misleading. I believe the essay should have been called "Koch's Remedy as Viewed from a Homœopathic Standpoint," for in it the author aims to

answer the following questions: In which class of curative methods is Koch's system to be placed? What is your opinion of the value of Koch's remedy as a curative agent? What is the relationship, in a more direct sense, existing between the homœopathic curative principles and the curative experiments of Koch? What changes in medical opinion generally are to be expected in consequence of Koch's discovery? The subject matter is by no means devoid of interest even now, and is well worth fifty cents.

ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY.

By GEO. M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D., formerly Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine; Member of the New York Neurological Society; formerly Electro-Therapeutist to the Woman's Hospital of the State of New York, etc. Eighth edition, with over two hundred illustrations. New York: William Wood & Co., publishers. 1891. Price, \$5.50.

The popularity of this work is attested by the fact of its having reached its eighth edition. The changes and additions have been more extensive and the revision more thorough than in any other edition since the second, and it can be depended upon as being quite up to date in all respects, notwithstanding the developments in electrical science and therapeutics since its first issue. It has always been acknowledged as a standard, since it goes more thoroughly into electro-physics, electro-physiology, electro-therapeutics and electro-surgery than any other work; in some particular departments, as diseases of women, special books have been able to go more into detail. The chapters on general faradization and central galvanization are especially complete, and rendered clear by illustrations. The chapters upon diseases of women, electrical apparatus and static electricity have been largely recast, additions made to the chapter on electro-diagnosis; and many new and improved illustrations, representing practical and important methods of application, supply the place of the old ones. The dosage of electricity is an important subject, well treated by this author; attention is called to the fact that it cannot be administered in routine manner with less caution than any other powerful remedy. The disease and idiosyncrasies of the patient must be considered, and to distinguish the various gradations that lie between the extremes of tolerance and of susceptibility is oftentimes the hardest study of the electro-therapeutist. Especial attention is directed to the new chapter on the physical and physiological activities of the induced current, etc. There is no more interesting study than the differential indications for the use of the induction currents of quantity and tension, and

here the subject is treated at length. Some may object to the size of the book, but those who wish to become masters of electricity will find their libraries incomplete without it.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pædiatrics, Neurology, Dermatology, Laryngology, Ophthalmology and Otology. By Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M.D., Philadelphia; Consulting Physician for Diseases of Women to St. Agnes' Hospital, Philadelphia, Editor *Cyclopædia of the Diseases of Children*; J. P. CROZER GRIFFITH, M.D., Philadelphia, Clinical Professor of Diseases of Children in the University of Pennsylvania; Professor of Clinical Medicine in The Philadelphia Polyclinic; J. MITCHELL BRUCE, M.D., F.R.C.P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital; DAVID W. FINLAY, M.D., F.R.C.P., London, England, Physician to the Middlesex Hospital, and to the Royal Hospital for Diseases of the Chest; Lecturer on Clinical Medicine in the Middlesex Hospital Medical School. October, 1891. Philadelphia: J. B. Lippincott Company. 1891. Price, \$2.75.

Volume III contains 372 pages, with forty-two clinical lectures: of which one is from a Canadian source, six English or Scotch, and thirty-five from the American profession. In this number the profession of the Pacific Coast furnishes two lectures: Dr. Joseph O. Hirschfelder, of Cooper Medical College, reports "A Case of Hypersecretion of Hydrochloric Acid"; and Dr. Clinton Cushing, of the same institution, has a lecture on "Pyosalpinx; Fibrocytic Tumor of the Uterus; Pregnancy." Some of the important lectures we may name: "The Examination of the Sputum for Tubercle Bacilli, and its Bearing on Diagnosis and Treatment"; "Tubercular Peritonitis: Its Natural History, Diagnosis and Treatment"; "Potts' Disease of the Spine"; "Chronic Glandular Enlargement in Children"; "Tubal Pregnancy"; "The Indications for Craniotomy: with Illustrative Cases"; "Malarial Paralysis"; "Permanent Headaches"; "Traumatic Injuries to the Spinal Cord: Shall We Operate?" Volume III is in no respect inferior to its predecessors, and we can only reiterate what we have already said: that this is a work that should be in the hands of the profession generally. The lectures which it contains are really of more value than most of the original articles in our medical journals, when viewed from a practical standpoint.

SAUNDERS' QUESTION COMPENDS, NO. 20. Essentials of Bacteriology; being a concise and systematic introduction to the study of micro-organisms for the use of students and practitioners. By M. V. BALL, M.D., Late Resident Physician German Hospital, Philadelphia; Assistant in Microscopy, Niagara University, Buffalo, New York, etc. With seventy-seven illustrations, some in colors. Philadelphia: W. B. Saunders, 913 Walnut street. 1891. Price, \$1.00.

During the past twenty years there has probably been no line of medical investigation more carefully and extensively

pursued than pathology; and in the ten years which have just passed this subject has been pushed largely in the direction of bacteriology, and especially is this the case with German observers. Whether or no, the germ theory of disease be true, in whole or in part, it has become incorporated to a considerable extent in our literature: and the English-speaking part of the medical profession have felt the need of some short work—this seems somewhat characteristic of Americans—which would give something of the technique and general methods employed in bacteriological investigations, together with the special methods used in staining and cultivating both the pathogenic and non-pathogenic bacteria.

The author says in his concluding remarks that he is conscious of the very superficial character of the work, but that he only intended it for a wedge by which means the study of the subject might be entered upon, or as an eminence from which a fair view of the ground might be obtained.

The descriptions, though concise, are clear, the woodcuts excellent, and the colored plates splendidly executed.

We notice that in the rapid method for staining tubercle bacilli, the sputum is placed on the cover-glasses; this is hardly necessary, for it may be dried directly upon a slide and the staining, decolorizing and counter-staining performed on the slide, mounting in Canada balsam or glycerine. This method is proportionately much quicker than where the cover-glasses have to be handled.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published Monthly. Price, \$10.00 per year; single copies, \$1. Vol. XII, No. 1, October, 1891—Treatment of the Diseases of Women, by THURE BRANDT; The Modern Treatment of the Morphine Habit, by Dr. A. FROMME; A Contribution to the study of so-called Scarlatina Puerperalis, by Prof. Dr. RENVERS; The Influence of Alcohol upon the Organism of the Child: a Pharmacological-Clinical Study, by Prof. R. DEMME; The Diseases of Development, by Dr. J. COMBY. Vol. XII, No. 2—The practice of Hypnotic Suggestion: Being an Elementary Handbook for the use of the Medical Profession, by GEO. C. KINGSBURY, M.A., M.D.; A Practical Manual of the Bacteriological Analysis of Water, by Dr. MIQUEL. William Wood & Co., publishers, 56 and 58 Lafayette Place, New York.

The November issue of the Medical and Surgical Monographs was sent to subscribers about December 26, and the December issue will follow during January or early in February, 1892. The delay is in consequence of the translating of some new books included in these issues. The further publication of the Medical and Surgical Monographs will cease with the issue of December, 1891; but the thirty-six numbers, comprising twelve volumes, can be purchased—either in separate numbers, price \$1.00 each, or as

bound books containing three numbers each as issued. A prospectus, containing prices, description of binding and terms of sale of the bound form of the work, will be sent upon application to the publishers. "Wood's Medical and Surgical Monographs" are not supplied through the book trade on any terms. All orders should be sent direct to William Wood & Co., Medical Publishers, New York.

MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

Transactions of the Thirty-fourth Annual Session, held at Excelsior Springs, Mo., May 19, 1891.

There are some twenty-five articles in this volume. Eight of them are on diseases of women, and seven on surgery; and the remaining ten are scattered over the rest of the field of medicine. It is a very creditable number.

LIPPINCOTT'S MONTHLY MAGAZINE. Published by J. B. Lippincott Co., Philadelphia. Price, 25c. a number.

Lippincott's magazine has been before the public for twenty-five years; and because of its literary merit, and the fact that it never publishes serials, it has become quite popular. The January number is before us. It contains a novel entitled, "The Passing of Major Kilgore," by Young E. Allison, late managing editor of the Louisville Courier-Journal. As the novel deals with newspaper life, and as the second article is entitled "The Editor-in-Chief," the January number will be of special interest to all literary people.

THE COSMOPOLITAN. Price, \$3.00 per year.

The announcement that Mr. Howells will leave Harper's Magazine, to take editorial charge of the Cosmopolitan, on March 1, calls attention to the process of building up the staff of a great magazine. Probably in no monthly has the evolution been so distinctly under the eyes of the public as in the case of the Cosmopolitan. The first step, after its editorial control was assumed by Mr. John Brisben Walker, was to add to it Edward Everett Hale, who took charge of a department called "Social Problems," subjects concerning which the greatest number of people are thinking today. Mr. Hale, who is a student, a fair-minded man, a thorough American and a man of broad sympathies, has filled this position in a way to attract the attention not only of this country but of leading European journals. Some months later a department was established called "The Review of Current Events." To take charge of this a man was needed who should be familiar not only with the great events of the past thirty

years, but who knew personally the leading men of both the United States and Europe—who could interpret motives and policies. Murat Halstead accepted this position, with the distinct understanding that his monthly review should be philosophical and never partisan. The next step in the history of the *Cosmopolitan* was the placing of the review of the intellectual movement of the month in the hands of Mr. Brander Matthews, who for some time has been recognized as one of the two or three ablest critics in the United States. Finally came the acceptance of the editorship, conjointly with Mr. Walker, by Mr. William Dean Howells. Mr. Howells, who is recognized universally as the foremost American of letters, upon the expiration of his contract with Harper Brothers, on the first of March, will take in hand the destinies of a magazine which promises to exercise a share of influence with the reading classes of the United States. His entire services will be given to the *Cosmopolitan*, and everything he writes will appear in that magazine during the continuance of his editorship.

E. B. Treat, Publisher, New York, has in press for early publication the 1892 "International Medical Annual," being the tenth yearly issue of this deservedly popular work. Its corps of thirty-five editors are specialists in their respective departments, and have been carefully selected from the brightest and best American, English and French authors. It is the embodiment of what is worth preserving of the current medical journals of the world for the year, and will contain over 6000 references to diseases and their remedies. The service rendered the profession by this Annual cannot be over-estimated, and it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge. This Index of New Remedies and Dictionary of New Treatment, epitomized in one ready-reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student and chemist.

J. B. Flint & Co., New York, have in press, and ready early in the current year, the following books:

A Complete System of Gynæcology and Obstetrics, with 868 illustrations; based upon translations from the French of Pozzi, Auvard, and others; revised by Chas. Jewett, M.D. Bound in leather or half morocco, \$8.00.

Flint's Condensed Complete Encyclopædia of Medicine and Surgery. Arranged upon a new system, and embodying the

various methods of treatment employed by eminent practitioners. The most valuable and complete work of this nature ever published; the result of a year's labor of a large corps of writers. Leather or half morocco, two volumes, \$8.00 per volume.

The above works sold by subscription.

Also in press, ready March 1, *The Electro-Therapeutics of Gynæcology*. By Augustin H. Goelet, M.D. Cloth bound, \$2.50.

Important new medical works now in preparation, ready for delivery about June 1, 1892:

An American text-book of Surgery, by Professors Keen, White, Burnett, Conner, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson and Warren. Forming one handsome royal octavo volume of about 1200 pages (10 x 7 inches), profusely illustrated with wood cuts in text, and chromo-lithographic plates: many of them engraved from original photographs and drawings, furnished by the authors. Price, cloth, \$7.00; sheep, \$8.00.

An American text-book of the Theory and Practice of Medicine, according to American teachers, edited by William Pepper, M.D., LL.D., Provost of the University of Pennsylvania. To be completed in two handsome royal octavo volumes of about 1000 pages each, with illustrations to elucidate the text wherever necessary. Price per volume, cloth, \$5.; sheep, \$6.; half Russia, \$7. For sale by subscription only.

Agents wanted. For particulars address W. B. Saunders, publisher, 913 Walnut street, Philadelphia, Pa.

The forthcoming January (1892) number of *The Alienist and Neurologist* will contain: "Neurasthenic Rudimental Impulsive Paranoia"; "The Work of Medicine for the Weal of the World," by C. H. Hughes, M.D., St. Louis; "Some Cases of Hemiplegia," by John Ferguson, M.D., Toronto, Canada; "Relations of Chorea and Epilepsy," by G. R. Trowbridge, M.D., Danville, Pa.; "The Virile and Other Reflexes," by C. H. Hughes, M.D., St. Louis; "Diagnosis and Nature of Certain Functional and Organic Nervous Diseases," by J. T. Eskridge, M.D., Denver; "Traumatic Neurosis in Damage Suits," by H. T. Pershing, M.D., Denver; "Present Aspect of Cerebral Surgery," by L. C. Gray, M.D., New York City; "Visual Imagery of Alcoholic Delirium," by C. G. Chaddock, M.D., Traverse City, Mich.; "Insanity and Genius," by Jas. G. Kiernan, M.D., Chicago; besides the usual selections, editorials, hospital notes, reviews, etc. C. H. Hughes, M.D., Editor, 500 N. Jefferson avenue., St. Louis. Subscription, \$5.00 per annum; single copies, \$1.50.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

December, 1891.

CAUSE OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....		112	20.67	65	47	14	6	49	43	108	1	3	
CLASSES.	Deaths under 5 years.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	I. Zymotic diseases.....	8	1.47	.....	.....	.....	.....	.....	.....	.....	.....	.....
	II. Constitutional diseases.....	23	4.23	.....	.....	.....	.....	.....	.....	.....	.....	.....
	III. Local diseases.....	56	10.34	.....	.....	.....	.....	.....	.....	.....	.....	.....
	IV. Developmental diseases.....	10	1.84	.....	.....	.....	.....	.....	.....	.....	.....	.....
	V. Accident and violence.....	8	1.47	.....	.....	.....	.....	.....	.....	.....	.....	.....
	I. Typhoid fever.....	4	.....	3	1	.....	1	1	2	4	.....	.....
	Typho-malarial fever.....	1	.....	1	.....	1	.....	.....	.....	1	.....	.....
	Diphtheria.....	2	.....	2	.....	1	.....	1	.....	2	.....	.....
	Measles.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scarlet fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Smallpox.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Whooping cough.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Croup.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pyæmia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Septicæmia.....	1	.....	1	.....	.....	.....	.....	1	1	.....	.....
Diarrhœal) Under 5 years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases) Over 5 years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
II. Cancer.....	1	.....	1	.....	.....	.....	.....	1	.....	1	.....	.....
Scrofula and Tabes-mesenterica.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Phthisis pulmonalis.....	22	.....	14	8	.....	1	11	10	21	.....	1	.....
Tubercular meningitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III. Meningitis.....	4	.....	2	2	3	.....	.....	.....	1	4	.....	.....
Apoplexy.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases of nervous system.....	2	.....	1	1	.....	.....	1	1	2	.....	.....	.....
Diseases of heart.....	9	.....	7	2	.....	.....	6	3	9	.....	.....	.....
Aneurism.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bronchitis.....	6	.....	2	4	1	1	.....	4	6	.....	.....	.....
Pneumonia.....	24	.....	14	10	4	.....	11	9	24	.....	.....	.....
Diseases of respiratory system.....	2	.....	.....	.....	1	.....	1	.....	2	.....	.....	.....
Bright's disease.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Enteritis, gastritis, peritonitis.....	5	.....	2	3	2	1	1	1	5	.....	.....	.....
Diseases of liver.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Diseases of urinary organs.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	.....	1
IV. Puerperal diseases.....	1	.....	.....	1	.....	.....	.....	.....	1	.....	.....	.....
Inanition and marasmus.....	1	.....	.....	1	1	.....	.....	.....	.....	.....	.....	1
General debility and asthenia.....	8	.....	4	4	.....	.....	5	3	8	.....	.....	.....
Dentition.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
V. Suicide.....	5	.....	4	1	.....	.....	3	2	5	.....	.....	.....
Accident and violence.....	3	.....	3	.....	.....	.....	2	1	3	.....	1	.....

Deaths from causes not enumerated in the above list: Fibroid tumor of uterus, 2; cerebro-spinal meningitis, 1; rheumatism, 3; locomotor ataxia, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

Happy and content is a home with "The Rochester;" a lamp with the light of the morning.

For catalogue, write Rochester Lamp Co. New York,

METEOROLOGICAL SUMMARY.

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MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of December, 1891.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	58	65	50	0	<i>Mean Barometer, 30.14.</i> <i>Highest barometer, 30.49, date 7th.</i> <i>Lowest barometer, 29.73, date 30th.</i> <i>Mean Temperature, 53°.</i>
2	56	66	47	0	
3	58	70	47	0	
4	52	60	44	.88	MONTHLY RANGE OF BAROMETER: <i>Highest temperature 75°, date 15th.</i> <i>Lowest temperature 33°, date 7th.</i> <i>Greatest daily range of temperature 34°, date 15th.</i> <i>Least daily range of temperature 7°, date 30th.</i>
5	50	61	38	0	
6	48	60	36	0	
7	48	64	33	0	MEAN TEMPERATURE FOR THIS MONTH IN
8	58	73	43	0	
9	51	65	37	0	
10	51	64	38	0	1877.....56° 1882.....56° 1887.....54°
11	59	67	51	0	1878.....54 1883.....56 1888.....55
12	62	72	52	0	1879.....52 1884.....52 1889.....55
13	52	63	42	0	1880.....56 1885.....58 1890.....61
14	54	65	44	0	1881.....55 1886.....56 1891.....53
15	58	75	41	0	<i>Mean temperature for this month for 14 years 55°.</i> <i>Total deficiency in temp. during the month 100°.</i> <i>Total excess in temperature since Jan. 1 110°.</i> <i>Prevailing direction of wind, W.</i> <i>Total movement of wind, 3,514 miles.</i> <i>Maximum velocity of wind, direction, and date,</i> <i>30, N., 11th.</i>
16	64	71	56	0	
17	54	64	43	0	
18	57	72	42	T	<i>Total Precipitation, 1.99 inches.</i>
19	56	66	46	.06	<i>Number of days in which .01 inch or more of precipitation fell, 4.</i>
20	52	59	44	0	TOTAL PRECIPITATION FOR THIS MONTH IN
21	50	60	40	0	
22	51	64	38	0	
23	47	58	36	0	1878.....4.70 1883.....4.65 1888.....15.80
24	48	53	43	0	1879.....6.53 1884.....1.65 1889.....2.32
25	44	55	33	0	1880.....8.40 1885......26 1890.....1.99
26	48	59	37	0	1881......52 1886.....2.68 1891.....
27	50	60	40	T	1882......08 1887.....6.26
28	53	62	44	.01	<i>Average precip'n for this month for 14 years 4.31.</i> <i>Total deficiency in precip'n during month 2.47.</i> <i>Total deficiency in precip'n since Jan. 1, 5.56.</i> <i>Number of cloudless days, 19.</i> <i>" partly cloudy days, 9.</i> <i>" cloudy days, 3.</i> <i>Dates of frost—5, 6, 7, 8, 9, 22, 23, 24, 25.</i> <i>Mean dew point, 34.</i> <i>Mean humidity, 58.</i>
29	50	60	41	0	
30	50	53	46	1.04	
31	48	56	40	0	

NOTE—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., DECEMBER, 1891.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles.....	53.0	75.0	33.0	30.14	50.8	4	1.99	19	9	83	W	35.14
San Diego.....	52.2	72.0	32.0	30.14	65.5	1	1.29	19	4	83	W	40.24
Santa Barbara....	51.9	61.5	43.5	30.14	61.0	3	2.43	24	4	3	NW	35.22
Yuma.....	51.0	77.0	25.0	30.14	37.8	1	.05	25	5	1	N	54.25
Riverside.....												

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearse, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; George H. Pearod, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

Our Advertisers.

OUR readers will observe that the Drevet Manufacturing Co. have removed their factory to 28 Prince street, where they will continue the manufacture of the Marchand preparations.

EPILEPSY & CHOREA. By A. F. Watkins, M.D., Potosi, Mo.—“I find your Neurosine a valuable nerve tonic. I also find it the best remedy for epilepsy I have ever tried, and in chorea I look upon it as the best.”

ALL physicians who use absorbent cotton should try Braun & Co.'s [B] Absorbent Cotton. It is the most quickly absorbent of any cotton on the market with which the writer is acquainted, and costs the same as the [J & J.]

A GLANCE at the advertisement of Clinton E. Worden & Co. will convince the reader that our Pacific Coast pharmaceutical manufactory is not at all limited in its capacity for variety; and Mr. Worden's long experience (to those who know him) is a sufficient guaranty of the quality of the goods placed on the market.

H. J. W. MARTIN, M.R.C.S. and L. S. A., Hounslow, Middlesex, England, says: “I have used S. H. Kennedy's Extract of Pinus Canadensis in an obstinate case of gleet, that had existed for some six months before coming to my notice, with marked success; a vast improvement taking place after using one bottle of injection, and before the third bottle was finished a cure was effected which was permanent.”

A FATHER can give his young son no better present than a year's reading of the Scientific American. Its contents will lead the young mind in the path of thought, and if he treads there a while he'll forget frivolities and be of some account; and if he has an inventive or mechanical turn of mind, this paper will afford him more entertainment, as well as useful information, than he can obtain elsewhere. Copies of this paper may be seen at this office and subscriptions received. Price, \$3 a year, weekly.

ANNOUNCEMENT.—The C. & P. Department of the Cudahy Packing Company have removed the Eastern office and salesroom from 83 Johns street to 57 North Moore street, New York City, where they will have more spacious, commodious quarters. A large stock of canned goods and other meat products, in addition to a complete, well-assorted stock of beef extract, pepsins and all their other pharmaceutical specialties, will be carried at this number. Mr. Otway Latham, a traveler of large experience in handling

pharmaceutical preparations, will have charge of their laboratory products.

STERILITY.—

R. Fl. Ext. Pulsatilla.....1 oz.

Aletris Cordial [Rio]7 oz.

Sig.—Teaspoonful three times a day.

We call the attention of our readers to Messrs. John Wyeth & Brother's new advertisement which appears in this number, relating to their Compressed Tablets of new remedies (antipyretics) for influenza, neuralgia, headache, etc., and their great convenience for administration.

THAT'S WHAT IT IS.—The Hercules Gas and Gasoline Engine is the simplest engine of its kind made. Intending purchasers of engines of this class should send to Messrs. Palmer & Rey, of San Francisco, for illustrated catalogue. The Hercules has no carburetor or electric battery, and a child can run it with safety.

McKINNEY, Texas, February 24, 1891.

THE TERRALINE CO., WASHINGTON, D. C.

Gents—Your preparation, Terraline, has given such perfect satisfaction in our city that we had a thorough discussion of its merits at the meeting of our Medical Society, last night, when it was endorsed by our entire fraternity. Yours truly,

G. D. PARKER, M.D.

LAKE SUTTER, Fla., May 25, 1891.

MESSRS. REED & CARRICK, NEW YORK:

Gentlemen—I have prescribed your Food for years, and I thought perfection had been reached; but your Lacto Preparata has surely crowned your efforts with complete success. It cannot be improved. I have been prescribing your preparations for years, and shall continue to do so as long as you keep up to the present standard. I have not been solicited to write this by anyone, but when I find such preparations as Reed & Carrick's I feel it my duty to assist them in placing them before our brother doctors. Yours truly.

J. E. ANDERSON, M.D.

ELIXIR OF THREE CHLORIDES IN MALARIA.—The formula of this compound will immediately suggest itself to the thoughtful physician as one more nearly meeting the therapeutical indications in chronic malarial poisoning than any yet devised. Those in a position to devote the most systematic study to malaria in all its phases—viz.: eminent medical men employed by the Government of Italy—are unanimous in the opinion that for chronic malarial infection, unattended or not by periodical manifestations,

arsenic in small doses long continued is the best remedy; where there is marked anæmia, arsenic in conjunction with iron. American physicians in the malarial belt have long since learned the benefits of mercury as a stimulant to gland activity in eliminating the malarial element, be it specific microbe or not. In the Elixir of Three Chlorides with Calisaya, we possess a remedy which meets the very fundamental therapeutic indications in this so common affection.

NOTICE: CAUTION.—The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Some of these falsely assert to having been in our employ, where the mode of preparing the genuine syrup was obtained. Mr. Fellows, who has examined samples of several of these mixtures, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects. As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the syrup, to write "Syr. Hypophos. Fellows." As a further precaution, it is advisable that the syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

SOME OBSERVATIONS ON THE USE OF PIPERAZINE.—By Dr. Heubach, assistant in the clinic of Prof. Zuelzer, in the Johanneum, Berlin. (Translated from Internat. Centralblatt für die Physiologie u. Pathologie der Harn- u. Sexualorgane, for Notes on New Remedies.) For several months back we have been making trials with Piperazine in our clinic and polyclinic. It has been therapeutically employed in various quarters, notably by Ebstein and Sprague, Vogt, Bardet and others. By these observers the remedy was preferably tried in cases of gout, and also on patients in whom it was necessary to dissolve uric acid concretions in the kidneys (gravel and urinary calculus). The application was suggested by the fact that Piperazine experimentally dissolved large quantities of uric acid in test tubes at 20° C. (68° F.); that the urate combination of Piperazine, furthermore, was at least seven times more readily soluble than the hitherto therapeutically pre-eminent carbonate of lithium; and finally that the base, even in the presence of excess of uric acid, produced no acid, but an easily soluble neutral salt. Ebstein and Sprague furnish a table of re-

sults, produced on a patient with uric acid diathesis by seven days treatment, with increasing dosage of 1 to 3 gm. Piperazine. This table gives the impression that the volume of urine was increased thereby; in one case the exhibition of 2 gm. of Piperazine increased the volume from 1250 to 2160, and in another instance even to 2270 ccm. in 24 hours, while the sp. gr. was similarly reduced. In addition the acid reaction of the urine was considerably reduced, and in one case became alkaline. The uric acid, which according to Vogt is reduced in proportion with urea, does not show this action. The therapeutic trials which we then undertook yielded distinct success in two cases of lumbago; both were treated by subcutaneous injections of a 2-per-cent solution. Patients received 0.5 gm. doses four times daily, a total of 2.0 gm. in 24 hours. Improvement in conditions was noted on the third and fifth days, and on the ninth and tenth days both patients were free from pain. The injections, we must state, were in themselves quite painful, but they did not cause abscesses, nor were they followed by unpleasant after-effects. For subsequent use of the remedy we will prefer to use voluminously diluted solutions. Piperazine deserves particular attention in uric acid concretions in the kidneys. We had opportunity to study two such cases in detail, and they proved remarkable because of the exceedingly favorable results. These two cases, in connection with the cases reported by Bardet, speak distinctly in favor of a specific effect of Piperazine, and show the advantage and desirability of further therapeutic observation in this direction.

MANCHESTER-BY-THE-SEA, Mass., October 5, 1891.

GENTLEMEN—The relief of suffering is the object of philanthropy. The relief of pain commands the highest efforts of the physician. Remedies which are useful in the relief of pain are always highly prized, and the discoverer is entitled to the highest honor. For many years numberless remedies have been offered to the profession as analgesics and anodynes; the list is a long one, and contains many products of great reliability, the result of faithful study and experiment. One especially has received the confidence of the profession—the Antipyrin of Knorr—but recently there has appeared a product which bids fair to be a successful rival of this and all others, and in truth to deserve the title, "A Succedaneum for Morphia."

Antikamnia is no longer a stranger to the medical profession, but is daily winning laurels in its missions as "opposed to pain." It is described as a new combination of coal-tar deri-

vatives, of the series of $C H_{2n-6}$, into which the amines have entered, forming the various amido-compounds. It is by the further combination of other organic bodies with the amido-benzoles that many of the valuable antipyretics and analgesics have been brought into existence. Antikamnia has as its base the derivatives of the amido-benzoles, so combined as to obviate the bad effects caused by many of this series of organic bodies when administered alone.

Briefly stated, it is indicated in cephalalgia, neuralgia, attacks of acute rheumatism, locomotor ataxia, sciatica and the disorders of menstruation accompanied by pain. In the treatment of malaria, typhoid and other fevers, it is fast winning its way. In the treatment of diseases where it is important to exhibit quinine, the action of Antikamnia will be found especially desirable in preventing the disturbance of the nervous system so frequent when quinine is given in large quantities.

Several very interesting articles have appeared of late describing its action. Dr. Holland, in the Medical Summary of May, describes an interesting case of dysmenorrhœa promptly relieved by its use. My own experience confirms this. I believe it to be one of the best remedies for the relief of pain in this disease. Experience with its use in cases of la grippe, asthma, etc., have convinced me of its efficacy. Indeed, to state the merits of Antikamnia more fully it would be necessary to mention all the diseases in which pain is a prominent symptom. It can be used advantageously in the treatment of hysteria where bromides have been indicated heretofore.

So far as my experience goes, we need not anticipate unfavorable after-effects; its action is soothing, tranquilizing, and diminishes the tendency of a rise of the bodily temperature. Antikamnia has been found by Dr. Alvord, of the St. Louis City Hospital, especially valuable in the treatment of phthisis.

Dr. Gayle, of Kansas City, Mo., reports very satisfactory results from its use in the treatment of typhoid, in an article published in the St. Louis Courier of Medicine, August, 1890.

A very successful operation, performed by Dr. A. V. L. Brokaw, Demonstrator of Anatomy and Surgery, Missouri Medical College, in a case of a severe stab wound of thorax and abdomen, published in the same journal of December, 1890, shows how valuable is Antikamnia as a remedy for the relief of pain. It is best exhibited in doses of from three to ten grains every three or four hours, in powder or tablet form, taken in water or wine.

Its anodyne action is admirably shown in the treatment of the insomnia of neurasthenic patients, and for the treatment of many cases of sleeplessness in over-worked business and professional men. I am, very sincerely yours,

W. THORNTON PARKER, M.D., M.M.L.L.

Southern California Practitioner.

VOL. VII. LOS ANGELES, FEBRUARY, 1892.

No. 2

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Original.

*A CASE OF CEREBELLAR TUMOR.

BY L. ZABALA, M.D., LOS ANGELES, CAL.

On the 22d of last November I was requested to assist at the post-mortem of a lady who had died under my care; together with Dr. Johnson, who performed the autopsy, assisted by Drs. Lasher, Bicknell and Still. Besides yielding to the wishes of the family, we were all attracted by a great deal of curiosity: as this was not an ordinary case, and we hoped to find some clue to the strange and complicated form of disease with which she had been afflicted.

We found the cranial cavity filled by an apparently normal meninges and cerebrum; but in raising this last organ, we saw at once a tumor in the right occipital fossa, lying against the posterior face of the petrous portion of the temporal bone.

The tumor was beneath the right lobe of the cerebellum, and half covered by it. In examining it nearer, we saw that the growth was independent of the cerebellum; and that its origin was in the dura mater, in that part where the tentorium has its insertion to the petrous portion, where at least existed some adhesions. The tumor had pushed upward and backward the right lobe, which was compressed, deformed and atrophied. The left lobe was normal.

By its anterior face the tumor was in direct contact with the medulla, the pons varolii, and with all the cranial nerves that take their origin there.

*Read before the Los Angeles County Medical Association, December 28, 1891.

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The tumor, as you can see in the specimen passing before your eyes, has the size and shape of a hen's egg; and probably is of carcinomatous nature, as it was filled with interstitial hemorrhages. The microscopical examination will be made by my friends, Drs. Lasher and Lula T. Ellis.

The numerous sections made in the cerebral substance did not reveal anything abnormal. More puzzled than ever, and anxious to solve the mystery of the case, I went to the family, and obtained this

HISTORY.

Mrs. S., born 1861. Always enjoyed good health until eight years ago, when she began to suffer from vomiting, which took place at night, when she assumed the recumbent position. Four years afterward she began to experience dizziness and disturbances in the sight, which occurred as follows: when she stooped, she got up at once saying she was blind, but after ten or twelve seconds the sight returned entirely. These spells occurred more frequently and lasted longer, so that after a year the sight began to be obscure during the intervals. Two years ago she finally lost her sight altogether.

No trouble was observed in the motor nerves of the eye.

Another very remarkable symptom was the trouble in her gait. This began with the trouble in the sight. She could hardly walk, being obliged to hold on to the first object to keep her from falling; and having no longer control of her limbs, when she wanted to go straight ahead, her limbs carried her to the right or left side.

Her mastication was very feeble on the right side, and doctors who have attended her affirm that she suffered from right facial paralysis. Headaches were continual, and invariably localized to the nape of the neck. No menses since the birth of her last child, i.e., four years ago. Constipation was habitual and obstinate, until she finally died of paralysis, November 21, after four days of illness.

On continuing my researches, I learned that Dr. Brainerd, who had examined her, kept a few notes. To his obliging kindness is due their exact reproduction here:

"Mrs. S. January 2, 1889. Sent me by Dr. Darling for examination. No history of tuberculosis or scrofula could be obtained. (an see to make her way to office alone: cannot sew or read; constant tendency to go to the left. Dr. Darling reports double optic neuritis, I find left ptosis; peculiar noises in right ear, with loss of hearing; smell deficient; occasional explosive vomiting; amnesic aphasia, numbness of limbs and other parasthesiae; pain in occiput when she strains or stoops, but usually no headache; ataxic gait."

DR. BRAINERD.

I am going now to compare the two histories given above, and try to explain their symptoms by the lesions we found at the necropsy.

Vomiting.—In the experiments of Flourens, Ferrier and others, no vomiting could be induced; either by the destruction, total or partial, of the cerebellum, or its electrization. This has been, however, one of the most prominent symptoms and the first in date, and we are obliged to look for its cause in the irritation, by contact with the neoplasm, of the tenth pair of nerves or vagus; or perhaps, as Doctor Brainerd suggested to me, to the compression of the cerebrum by the increased intra-cranial pressure. The peculiarity of occurring at night, was likely caused by some displacement of the growth in the recumbent position; this symptom ceased six months before her death.

Blindness.—I cannot do better than quote the words of Ferrier relating to this particular.

“Blindness, however, is not an infrequent result of cerebellar diseases, but there is no reason to found any causal relation between the two phenomena. Blindness has been observed chiefly in connection with tumors of the cerebellum, but tumors in any part of the encephalon may produce the same result. The natural tendency of all the tumors within the cranial cavity is to increase the intra-cranial pressure and to obstruct the return of venous blood from the retina. This leads to choking of the optic disk, a condition which ends in atrophy of the optic nerve and consequent blindness. This effect is explicable, therefore, by purely mechanical grounds, and has no especial relation to cerebellar disease.”

The quotation above has relation only to the blindness; but as to the functional troubles which first appeared, I will only insist on the importance of visual impressions in the mechanism of equilibrium and the momentary congestions liable to be produced in certain positions of the tumor.

Motor Troubles of The Eye.—Very seldom can we find as great uniformity in the opinion of experimenters as there is on the question of the influence of the cerebellum on the movements of the eyeball. They all have arrived at the same conclusion, by irritating the cerebellum of animals; that is, to produce determined movements of laterality or elevation according to the part excited.

In clinics, a phenomenon often observed is the nystagmus accompanying cerebellar diseases. We fail, however, to discover any allusion to this symptom, either in the notes of Dr. Brainerd or in the recollections of the family. The only trouble mentioned was left ptosis; this only shows us paralysis of the elevator of the eyelid, which is animated by the third pair.

Gait.—Both Dr. Brainerd's observations and mine agree for the troubles in the gait, though with some difference as to the details. The above would have led us, with a careful examination of the patient, to localize the place of the lesions: as all the experiments since Flourens have demonstrated that the destruction of a portion or the whole of the cerebellum produces invariably a great ataxia in the movements of the individual, with a great tendency towards the opposite side from the part destroyed; with the conclusion today admitted that the cerebellum is the great center for the co-ordination of movement, and especially the great regulator of the gait.

Ear.—Dr. B. reports in his notes: "Peculiar sounds in the right ear, with loss of hearing." This is not astonishing, as the place of origin of the auditory (the eighth pair) is the medulla, and this one, as well as the last pair, was in direct contact with the tumor. Furthermore, the auditory nerve is in direct connection with the cerebellum through the medium of the restiform bodies, if we believe Lockart, Clark and Meynert. Meynert is even of the opinion that all of the roots of the auditory nerve pass into the cerebellum. This, however, has not been demonstrated, and the majority of the authors place the center of hearing in the cerebrum; but this will not interfere with our acknowledging the warm sympathy which exists between the cerebellum and the auditory sense.

In Meniere's disease, for instance, one (and probably the most remarkable) symptom is the vertigo and the loss of equilibrium. This is rightly attributed to some nervous connection between the ear and the cerebellum. We may then rationally conclude that through these same connections the sense of hearing may be disturbed, when there exists some cerebellar disease.

Smell.—It is not the same with the deficiency of smell noted by Dr. B., the origin of the first pair being too distant from the tumor. Rather than to enter the slippery ground of hypothesis, we prefer to content ourselves with no explanation at all.

Fifth Pair.—Troubles in mastication existed on the right side for a long time, and should not surprise us if we consider the proximity of the tumor to the fifth pair and to the ganglion of Gasserius, already in possession of the fibres that animate the masticatory muscles.

Seventh Pair.—Some of the physicians who attended her affirm that there existed a right facial paralysis. We have no such recollection; though it might be easily explained, if present.

Other Symptoms.—We shall not say much about the other symptoms noted by Dr. B., such as amnesia, aphasia, etc., as they were not at all observed by ourselves and we don't believe they

existed at the time we had the patient. The family even assured us that the patient had enjoyed good memory and her faculty of speech until her last moments.

CONCLUSIONS.

After the analysis of the symptoms, that we have tried to make in the most rational manner, the question remains unsettled whether in a similar case a positive diagnosis could be made, if not of the nature, at least of the place, of the lesion; and we do not hesitate to answer in the affirmative, with all the chances in favor of a neoplasm.

The diagnosis once established, the question of interference would naturally arise. Yet here I feel sure that through the occipital region, so accessible to a careful trephining, the tumor could have been discovered and possibly removed, giving thus many chances of saving the life and at an early date possibly also the sight of our unfortunate patient.

310½ N. Main St.

MICROSCOPICAL EXAMINATION.

On examining the tumor, we find it to be a mixed cell sarcoma

G. W. LASHER.

LULA T. ELLIS.

*RECTAL ALIMENTATION.

BY O. D. FITZGERALD, M.D., LOS ANGELES, CAL.

Amongst the diseases, which, from their hurtful interference with the normal alimental functions, and which bring into requisition the physician's aptitude for improvising some form of sur-alimentation so to speak, may be mentioned all forms of gastric ailments: such as gastritis, ulcer, cancer, stenosis of one or both orifices of the stomach, stenosis of the esophagus, stricture of the bowel from any cause preventing normal alvine flow along the "wonderful alimentary canal" (talked about so much in the text-books of our grandfathers in medicine), and in any perforating or other wounds of the lumen of these organs.

I have prepared this paper for this occasion hoping to invite a free discussion on rectal alimentation, inasmuch as it now is a well-recognized and practical means of sustaining life, in cases which suffer from any of the above causes and are thus unequal to

*Read before the Los Angeles County Medical Association, February 5, 1892.

the work which in a normal condition is easily, and I may say unconsciously, performed.

The repeated failures which have generally been reported, it is fair to infer have been due to the methods employed, the material used, or to the condition of the rectum at time the nourishment was injected. One essential point to be borne well in mind is that the rectum must be empty and thoroughly flushed with tepid water. For this to be done properly, the patient should be seated on a stool prepared for the purpose, leaning forward on side of bed, or with his head and shoulders resting on the back of a chair, and the person administering the irrigation should sit at his back; the receptacle for the outflow placed on a shelf just under the opening in the stool the patient sits on, so that the injection can be discharged from bowels without patient having to change his position. This flushing should be repeated two or three times each sitting, in order to thoroughly wash out the bowel that it may be prepared to properly receive and appropriate the nourishment. Then wait an hour after this flushing has been completed, so that the rectum may have time to become passive. Have the patient in the recumbent position with a pad or bed pan under his hips; direct him to resist straining and to exert his will and muscular powers to retain the nourishment.

Another important thing is to have a well-working, hard-rubber syringe; it must be rectal-ended and of a capacity of not *over* three fluid ounces. The predigested material is to be introduced after being warmed to a temperature of 98-100. *It should be very slowly injected with the syringe*, which should be also warmed and oiled. One syringeful—2 to 3 ounces—is sufficient for each enema. Should this be rejected, wait a reasonable time and try again, using less material.

Should tenesmus prove uncontrollable, an opium suppository may do good introduced into the rectum three hours before the next enema. In some cases cold applied to the perineum controls the straining, but this method is open to the objection that the cold thus applied would interfere in some measure with the absorption of the nourishment. Pressure should be made against the anus after the injection, which aids greatly in retaining the enema.

The most usual cause of failure in the use of this means of sustaining the patient, is that the injections are *too large*—often six or eight ounces of *fluid*, are too rapidly introduced, and are not of proper temperature. These enemata should be given every eight hours—three in the twenty-four hours. This seems to have been followed by the best results, and should be persevered in regularly

to obtain the full benefit; and it is a matter of observation that the nervous system gets accustomed to these regular hours of feeding as it does to our ordinary meal-times. It has been found that the most convenient times to administer these enemata are about 7 o'clock in the morning, 3 in the afternoon, and 11 at night. Upon examining the well-formed daily stools of patients thus fed, it will be surprising to observe the close analogy between this and digestion proper. The substances commonly used for this form of alimentation have been milk, eggs, concentrated beef extract, beef or chicken peptonoids, beef soup, chicken broth, whiskey. Disappointment, however, has usually followed this class of nutrients.

Prof. Brown-Séquard gives a good point, viz.: "In a therapeutical point of view the question at the present time is to know whether, on mixing with the alimentary matters—either gastric juice or pancreatic juice—and injecting the mixture into the intestinal canal, digestion of these matters will take place with absorption of the products of digestion."

These experiments and clinical observations of Leube and Fiechter, and those of Brown-Séquard himself, place the fact quite beyond contradiction. And experiments showing that the large intestine is not possessed of digestive functions, do not contradict this assertion. It is a question of artificial digestion: in which the large intestine—rectum—may be as inert as any vessel in which this might be conducted." (*American Journal of Medical Science*, 1880, p. 256.)

I shall not claim originality in this paper, only upon the mode of preparing the injection: and which, in at least one case and that a so-called gastric cancer, I obtained the best results, so far as nourishing the patient was concerned. I kept him on the preparation per rectum for nearly two months, and at post-mortem the body was in a reasonably well-nourished condition; in fact, the patient had kept his flesh remarkably well for a subject of a malignant disease as cancer, involving as it did the stomach, pancreas, liver and mesentery; a fact which I daresay Drs. Asher and Hughes, who saw this case with me in consultation—also Drs. Ainsworth and Crawford who kindly gave their presence at the post-mortem, will corroborate. Following is mode, etc., of how I prepared and administered nourishment in these cases:

The quantity of meat required when patient has to be maintained solely by rectal feeding, is at least twelve ounces per diem—should be fresh and juicy and clear of fat—and of pancreas (fresh also) four ounces, and is prepared as follows: Bruise the pancreas in a mortar with a little tepid water—or liquid beef

peptonoids, which is better—keeping the pancreas at a temperature of about 100° F. This is done by placing the mortar in a pan of water at the required temperature (temperature of water in the pan should be 104° F.). After triturating well, press the pulp on a cheese cloth to get rid of the pulp-fat, strings, etc. The liquid thus procured is now intimately mixed by triturating it and the beef, keeping the mixture at a temperature of about 100° F. If desired, the yolks of four eggs may now be added to it. This material is kept at a uniform temperature of 100° for two hours, when digestion is completed. Pass the emulsion-like material through a tolerably fine sieve to get rid of any remaining fibrous strings. If now it should be too thick to pass through the syringe, it may be rendered thinner by adding a sufficient quantity of liquid beef peptonoids. By placing on ice it can be kept several hours.

“By this procedure we have the advantage of injecting—not substances in a state of pulp, which have not been digested and which may be rejected, but alimentary substances that have undergone, at the temperature of the body, the action of the dissolving ferments, unmixed with the *debris* of useless tissues; and therefore lending itself to rapid and easy absorption.” (*Medical Times and Gazette*, November 29, 1879.)

In closing this paper, may I express the hope that the profession will be induced to give this subject a careful examination and fair trial; believing, as I do, that great relief will be secured to a class of cases heretofore almost entirely abandoned to the ruthless pangs of hunger: and it may be some are allowed to starve to death, who, had nutrition been supplied, would have recovered.

The following theorem I submit for an index:

1. Diseases or conditions of system requiring rectal alimentation.
2. Conditions necessary to success.
3. Time and manner of emptying and flushing the bowel.
4. Times and mode of administering enema.
5. Kind of syringe necessary.
6. Amount of enema each feeding.
7. Frequency of enema.
8. Substance employed.
9. Mode of preparing same.

119½ S. Spring St.

DISCUSSION.

Dr. R. W. Miller: For some years I thought of this subject frequently, was impressed with its importance, and employed it

repeatedly. It is strange how slow the profession have been in accepting this method of nourishment. Not more than twelve years ago many able physicians pooh-pooed the idea of rectal feeding. When we think of it, we would naturally conclude that it is impossible; but the rectum does take on this vicarious function and absorbs some substances not previously digested. The technique of the process is important. I think for the flushing the left recumbent position more advantageous, as it will not require such frequent flushing. We might use enemata twice in the interval of flushing, although the latter stimulates the bowel to absorption. In 1879 I saw a case in Bellevue, in charge of the elder Flint, with stricture of the cardiac end of the stomach, who was fed entirely by rectum for six weeks, and who in that time gained from sixteen to twenty pounds.

Dr. H. Bert. Ellis: I enjoyed the paper very much, and it is one of great importance, for all of us occasionally have patients in whom stomach alimentation is impossible. Formerly, many kinds of undigested food were introduced into the rectum; so there were good reasons for unsatisfactory results, for the rectum is not a digestive organ, therefore whatever food is injected should be predigested or partially so. I should like to ask Dr. Fitzgerald what his theory is in regard to the absorption of his so-called emulsion. Is there reversed peristalsis so that absorption takes place in the small intestines, where there is a special absorbing apparatus? Dr. Miller speaks of absorption in the rectum as a vicarious function; but this is not necessarily so, for indeed it performs this function regularly in the absorption of the watery portion of the waste products. I agree with Dr. Miller in regard to position, especially in so far as the injection of alimentation is concerned, on account of the greater ease with which it would be retained.

Dr. Albert J. Scholl: In a phthisical patient with esophageal stricture, I used milk peptonized with Fairchild's tubes, one pint at a time, strained. This was easily retained. I believe the injection of solid substances is a frequent cause of irritation and consequent expulsion of the enemata.

Dr. Fred R. Frost: The subject is of much importance. I have not used it much, because I have been uncertain as regards the mode of preparation of the nutriment; and I have never followed it up sufficiently to decide upon the best method.

Dr. J. H. Davison: In my practice I have restricted this method of feeding to hopeful cases, such as the vomiting of pregnancy, where we can tide them over for five or six weeks. I wouldn't care to employ it in hopeless cases of phthisis or carci-

noma. I prefer a liquid form, and can see no advantage in emulsion or in egg. I use predigested preparations of beef and think pure pepsin necessary to insure digestion. I never use saccharated pepsin. Beef juice, or essence of beef, with brandy or milk, four or eight ounces at a time, every six to eight hours. In using liquids, so much flushing is not necessary, and there will be less irritation and less residue. I prefer the left recumbent position and fountain syringe, and am careful to have the food at the proper temperature.

Dr. Wm. Chapman: The ground has been well covered and I will merely suggest that the bowel be washed out with an alkaline solution—NaCl 1 drachm to O—thus rendering the bowel more absorptive.

Dr. T. J. McCoy: The discussion recalls a case of stricture of the esophagus: for two months the patient took liquid; later he was fed per rectum for nearly two months, twice daily—4 to 6 ounces of milk, beef tea, whiskey, with extract of pancreatin; a Davidson's syringe was used; the body was well nourished at death. The bowel was flushed ten to fifteen minutes before the enemata. Morphine was needed to allay the pain of cancer. This method is very important in the vomiting of pregnancy. The recumbent position is necessary. Rectal medication is important.

Dr. W. W. Hitchcock: If the mucous membrane will absorb, there is no question but the individual can be nourished by this method. The style of syringe is not important, for the rectum may be supported until it quiets. The fact of retralsis has been established. If the nutriment be albuminous, it must be predigested by the proper digestant. In ulcer of the stomach we must support the patient by rectal enemata. I recently so supported a case for three months, during which time the only thing which reached the stomach was a quarter of a spoonful of lime water every two or three hours to relieve thirst; and the patient recovered.

Dr. O. D. FitzGerald: In flushing we are not aiming to wash out the entire canal, but only to clean out the rectum; hence the sitting posture is preferred. My idea has not been to obtain absorption in the colon or higher up—the besetting sin has been to use too much material in the injection. It is a good thing in pregnancy, but our duty as humanitarians is to prolong life, even in hopeless cases; we cannot always decide whether an ulcer or malignant growth is present, we must give the patient a chance.

Dr. Fred R. Frost: In making an application of iodine to the cervix of some of my patients, they have complained that they have tasted it. It is evidently absorbed by the capillaries. Some

surgeons in washing their hands in mercurials, have the taste in their mouths; why is not the case the same in the rectum without reference to reversed peristalsis?

Dr. H. Bert. Ellis: In the absorption of nutriment, the kind is to be taken into consideration: for nature has supplied two different apparati for the purpose—the capillary net-work of blood vessels in the stomach and intestinal tract absorbs water, sugars and salts in solution, soups and peptones; the lacteals of the villi, which are only to be found in the small intestine, absorb fatty acids and emulsions. So if we give emulsive enemata and absorption takes place, there must be reverse peristalsis; fluids and peptones may be absorbed in the rectum without reverse peristalsis.

Dr. J. H. Davisson: Some individuals are more susceptible than others to the use of I and Hg. It matters but little where absorption takes place as long as we have the final result. I have used the enemata with the idea of absorption by rectum. There seems to be a craze at present to introduce four or five feet of tubing into the colon for flushing; this is unnecessary. I use a short tube. The only trouble is irritation from too frequent use.

*NEURASTHENIA.

BY WM. DODGE, M.D., LOS ANGELES, CAL.

Mr. President and Fellows of the Los Angeles County Medical Association—The subject to which I invite your attention for a few moments is one which I fully realize the impossibility of considering in all its details, and will only speak of some of its most common manifestations.

Neurasthenia of itself, as a term, means little. It is defined as nervous weakness or exhaustion; but it expresses a condition of the nervous system, in which we find springing up numerous and varied functional disorders and perversions of the special senses; which, coming under our observation as a source of complaint *per se* or in connection with some organic disease, is a source at times of no small amount of trouble to segregate the symptoms and place each in its proper place, at the same time allotting to each its proper significance.

Clinical observation justifies us in attributing the symptoms of neurasthenia to a disturbance of the nutrition of the nervous elements (Erb); to an impoverishment of the nervous force; and especially to chronic enfeeblement of the superior nervous centres,

*Read before the Los Angeles County Medical Association, January 22, 1892.

which regulate the activity of the inferior centres, situated in the cord, the sympathetic, etc.

Neurasthenia is a common affection in all civilized countries; and becomes more frequent as the struggle of life and the scramble for wealth increases the demands upon the nervous system. Whenever the expenditure of nerve force is greater than the daily income, nervous bankruptcy must sooner or later follow. Neurasthenia represents a bodily condition upon which are grafted various neurotic processes of different pathology.

Dr. Morton Prince, in his article "Association Neuroses," has very aptly compared this condition to a pool in which, when the water is low, various forms of vegetable and animal life, previously hidden out of sight, emerge from its depths and approach the surface: while numerous foreign fungi and algae find in the stagnant water a suitable culture for their development; but when the water is high and its circulation is quickened by inflowing springs, the organic life at the bottom sinks out of sight and parasitic growths on the surface perish from contact with the freshened and oxygenated water. Anything that tends to lower the general physical tone, such as the excessive use of alcohol, tobacco, morphine or other narcotics, venereal excesses, long continued mental strain—whether it be from overwork, anxiety, or grief—create subjects of this class. (Eye strain is a frequent cause of neurasthenia, but as Dr. Babcock reads a paper on that subject this evening, I will leave it to him to discuss its relation to the subject under consideration.)

Writers on this subject have attempted to classify the forms of neurasthenia; but as they are so varied and have so many symptoms in common I shall make no such attempt, further than to consider all cases under two general heads—cerebral and spinal: and then only so far as the one or the other predominates, as they are inseparable in their association. In the former the principal symptoms are headache, insomnia, pain in back of neck, mental depression, excitation of special senses (especially sight and hearing), loss of memory and will power, a feeling of lassitude and want of energy, and an aggravation of all symptoms by any intellectual effort on the part of the patient. In the latter there is marked diminution of the functional resources of cord, accompanied by rachialgia; hyperæsthesia to a greater or less extent throughout the whole length of vertebral column; neuralgic pains in chest and in the limbs; various paræsthesiæ, such as formication, burning and tingling sensations, coldness of hands and feet, cramps in arms and legs; the genital organs are specially affected, and in still another class of cases the symptoms are those of incipient locomotor ataxia; while, in common with both varieties, we find

vaso-motor and gastro-intestinal disturbances, constipation, atonic dyspepsia, etc., etc.

As to the class of patients affected, we find them as various and unlike as the manifestations of the malady itself. The high and the low, the rich and the poor, are alike its victims. The rich and elegantly attired lady, who, as you see her in society or "made up" for the opera, appears not to have a care in the world, but who, spending her nights in dissipation and all spare moments racking her brain in the selection of some new style of dress or how she may outshine her neighbors at an approaching tea or German, is, alike with her less fortunate sister the humble housewife (whose every moment is occupied in laboring and caring for her numerous little ones, whose ever increasing wants and necessities are proportionately beyond her means, with her continual worry of mind and body, troubled with all the vague pains, neurias, headaches, backaches, general lassitude, etc., in the category), a subject of neurasthenia; and should they or either of them fall into the hands of the average gynecologist, who directs her attention to the much abused uterus and its appendages, she would no doubt, as Playfair expresses it, have pessary in the brain, and still continue to suffer and grow worse: until the one, with her constant and continual nervous tension, coupled with the exposure, loss of proper rest, etc., that go with her mode of living, breaks down entirely, becomes a mental or physical wreck—or, as I witnessed in one instance, develops a latent or hereditary tuberculosis which ends the scene; or, in the other case, our woman becomes thin and pale, loses her appetite, her duties as a mother become a greater burden to her, uterine complications if not already existing develop, together with dyspepsia, palpitation and other functional troubles—he also goes down until she is a burden to herself and family, or as is frequently the case ends her days in an insane asylum.

The teachers in our public schools are especially prone to suffer from neurasthenia; particularly of our larger cities, where the system of cramming and daily written examinations are in vogue, and where school boards are political bodies and the teacher—matters not how efficient she may be—in addition to the mental strain of excessive work, lives in mortal terror from the beginning of the school year to its end lest she may displease some one in authority, who may bring in a "for cause" excuse, or lest she may be dropped for want of political influence sufficient to secure her reelection.

Among men, the subjects of neurasthenia and the symptoms from which they suffer are even more varied than among women. The constant strife and ever increasing greed of gain on the one

hand, and the struggle for life and existence on the other, alike add their quota to the number of its sufferers.

As to pathology there is nothing to be said, as post-mortem investigation has failed to show any evidence of organic disease; hence we must conclude that it is purely a functional disorder. But, as stated at the outset, we must be very careful not to confound its symptoms with those of organic disease, with which they are so closely allied. As, for instance, cerebraesthesia may be confounded with general paralysis, paresyphilia, or other brain lesion. Our diagnosis should not be based on any given symptom, but a consideration of the symptoms as a whole must be taken into account. It should be remembered that in the disorder under consideration, as in other functional troubles, the reflexes are increased; while in organic diseases of the nervous system they are diminished.

Neuraesthesia, or the symptoms arising therefrom, is liable to be confounded with hysteria, and with various forms of rheumatism and neuralgic pains which in reality are due to the starved and depraved condition of the nervous system; which is ever ready to assert such condition on the slightest provocation—such as slight cold, exposure, or the atmospheric and electrical changes incident to the approach of storms.

Prognosis.—Death rarely if ever occurs, save through some intercurrent disease. Organic disease of the brain and spinal cord often develop, apparently as a sequel to the neurasthenic state.

Melancholia, delusions of various kinds, and even mania, have been frequently known to develop in subjects who had previously suffered from nervous exhaustion.

A very large proportion of neurasthenic cases drag out a miserable existence for years, become hopeless invalids, and eventually die of some intercurrent disease. It is by no means an uncommon thing for us to meet with both males and females who are totally unfitted for the active duties of life from neurasthenia; to many of them the possibility of death would be robbed of its terrors, because life has ceased to be a source of comfort and usefulness.

The treatment of these cases must necessarily be varied to reach the multiplicity of symptoms encountered. The plan of Weir Mitchell is a combination of isolation, rest, massage, electricity and diet, combined with proper medication; it is in the main all right: but in this case, as in other diseases, we must individualize our cases; where in one case it would be good practice to put our patient to bed with complete physical and mental rest, another case would do better to lead an active out-of-door life, especially if the patient be a man whose trouble has been brought on by

in-door, mental work; such a patient should have absolute mental rest from business care, by being given plenty of out-door sports and amusements that require physical exercise and activity.

Electricity should, in my opinion, be considered as one of the remedies most to be relied upon in the treatment of neurasthenia, as it is applicable to a greater number of cases than any other one remedy. General galvanization, or application locally to the spine, has a very happy effect. It not only relieves the vague, neuralgia-like pains, but has a soothing effect, relieving nervous tension, and by acting as a counter-irritant improves the circulation of the cord; and, last but by no means least, its psychical influence is often very beneficial. Diet and hygiene must be looked after, as it is impossible to have a healthy brain and nervous system without a well-nourished body to feed them. As to drugs, whatever has a tendency to tone and build up the patient is applicable in a general way. Insomnia must be controlled, and it is best done by the judicious use of such remedies as the bromides, chloral, hyoscyamus, valerian, codeia, or some of the other preparations of opium; in the way of tonics, strychnia, the hypophosphites of lime and soda; phosphorus in many of its forms, especially the phosphide of zinc, in combination with the valerianates of iron and quinine, is a favorite remedy with me; also cocoa, the fluid extract or the wine.

The digestive disturbances should not be overlooked, and special attention should be given to counter-irritants applied to the spine. Fly-blisters, or the application of the white-hot platinum tip to the back of neck (over the point of entrance of the vertebral arteries), should be applied without stint, and will be followed as a rule with marked relief.

In conclusion I may state, that it was not with the idea of placing before you anything particularly new that I chose this subject, but that in its discussion which is to follow I hoped points might be brought out that would make us more familiar with the nervous system: as there is no part of our anatomy that enters so largely into the field of medicine and surgery, is of so much practical interest, and a thorough knowledge of which does not fail to explain symptoms that would otherwise mislead us and leave many obscure affections unrecognized.

129 S. Spring St.

DISCUSSION.

Dr. Geo. L. Cole: I have been much pleased with the paper. We all see many of these cases, but fail to do as much for them

as we desire to do, and perhaps not as much as the patients sometimes think. I have not tried electricity, but am pleased to hear it so favorably spoken of. I do not think fly-blisters and the cauterly as cruel as was formerly my opinion, for if pain exists a blister will give relief. In the selection of anodynes we must be careful, and give those from the use of which there is little danger of a habit being formed.

Dr. F. A. Seymour: Many years ago it was customary to class all this line of symptoms under the name "general debility"; so that in the army it was a common saying that General Debility commanded the largest number of men. It is but an expression to cover ignorance. In speaking of electrical treatment we must distinguish between general faradization and central galvanization. In the matter of treatment we must have perfect obedience, and have the patient report at stated intervals designated by the physician. The trouble is increasing, and probably the physician is responsible for it. We must be more careful about diagnosis and prognosis; many times trivial complaints are overlooked, and the results are serious. In many cases the troubles are imaginary, and hence make a harvest for the quacks; and this is due to the fact that qualified practitioners overlook the imaginary character.

Dr. W. LeMoine Wills: In my experience the term is used to cover ignorance. It is not agreeable to treat these patients in private practice. They are nervous, dyspeptic and hard to handle; but if you have a hospital where you can have them under your thumb it is comparatively easy. Dr. Weir Mitchell's success is due to his magnetism as well as to his absolute control of patients.

Dr. Wm. Dodge: Imaginary or real, the patients suffer and need our best attention.

Dr. R. W. Miller: I would like to ask if the writer attributed as a cause any particular dyscrasia or diathesis?

Dr. Wm. Dodge: I haven't so treated the subject, but any depression of the nervous system is favorable to the development of the trouble.

Dr. F. A. Seymour: Plethoric men are just as liable to be affected as the debilitated. The trouble is not confined to any color "of hair or eyes".

Dr. W. W. Hitchcock: The fact that plethoric individuals are subject to the disease is one reason why neurasthenia is a better term than general debility.

***A DISCUSSION ON EYE-STRAIN.**

LED BY WM. D. BABCOCK, A.M., M.D.

In the last few years, since Stevens wrote his work on Functional Nervous Diseases—in which he professes to cure many of the ills that flesh is heir to, by the cutting of the recti muscles of the eye and also by the fitting of glasses—we have heard a great deal of eye-strain. We have had similar conditions arise with the men who devote their attention to different parts of the body. Most of the headaches now are thought to be caused by eye-strain, which is caused by an error of refraction or an insufficiency of one of the recti muscles; and for its relief, glasses must be fitted or a muscle cut. The eye man is now having his day. The gynecologist had his, and the nose man is struggling hard to be heard. One of them, Hack of Freiberg, stated that all obscure cases of headache should have their noses examined: claiming that hypertrophic rhinitis is the cause of the trouble. We should not look to any one thing as the cause of trouble, but should inform ourselves intelligently on all branches, so that we will be able to tell when to let alone. We should be able to look beyond the special senses, to the general system. In cases of eye-strain a careful examination should be made, and if needed, glasses must be given. In astigmatism, in most cases, glasses must be given and worn all the time. Many cases of so called eye-strain only need a good tonic, rest, and attention to the secretions—especially the skin; these well attended to will in many cases do away with the need of glasses. A number of this class of cases is in those persons who have a rheumatic diathesis. The subject of eye-strain is a fashionable “fad” at present (see the medical journals), and is being ridden fast and hard. We should strive to avoid these partial fancies: give them attention but not be carried away by them. In my practice, I refuse to give glasses to a number, and have some success by looking to the general state of the body.

Dr. R. W. Miller: Dr. Babcock has taken both sides, and my experience is the same as his. I have tried to keep out of ruts, and do not put glasses on every patient. But we cannot be oblivious to the fact that eye-strain does produce, apparently, remote and reflex troubles; but injury to the eye itself is of great importance. A friend in Atlanta, Ga., consulted an oculist, who found a little insufficiency of the internal recti: tenotomy of the external recti gave complete relief. We must give due attendance to our patients, and if we can overcome their difficulties by tonics, etc., we must do so; otherwise correct their eye-strain.

*Discussed before the Los Angeles County Medical Association, January 22, 1892.
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Dr. T. J. McCoy: While Dr. Babcock was speaking I was impressed with the benefit of a general practitioner taking up a specialty. It prevents his getting into ruts. On tenotomy, Dr. Stevens is a crank; Roosa ignores the muscles; we must take the middle path. By the ophthalmoscope and the ophthalmometer we can at once give a rational cause for eye-strain, and by mathematical corrections can relieve them. Men are liable to overlook general treatment. Many cases cannot be relieved without correction of refraction. The liver used to be the scape-goat in practice: neurasthenia is today.

Dr. H. Bert Ellis: At first I thought Dr. Babcock was going to say there was no such thing as eye-strain, although there can be no question that there is. Frequently small errors of refraction cause much trouble, while those with the greatest degree do not always have reflex troubles. Eye-strain does not cause all, but does cause some, reflex manifestations; and therefore should not be overlooked. The two papers Dr. Babcock refers to represent two extremes; we cannot afford to neglect the general system when treating the eyes. In many cases, where the errors of refraction have been corrected and the reflex manifestations still persist, it may be possible that the eyes are not equally distant from the nose and hence the glasses are not properly centered.

Dr. F. A. Seymour: The discussion develops the fact of the importance of diagnosis. Eye-strain would seem to have reference to the action of muscles, but the discussion seems to make it more of a refractive nature. If an operation be necessary, we must build up the constitution; if there be evidently any insufficiency of either rectus, apply correcting prisms for a time, as you would give a crutch, which with bettered conditions may be laid aside. I sometimes think slight errors may be passed over and general treatment given. If constitutional treatment does not relieve, some attempt at correction should be made. Most cases of eye-strain are astigmatic, and failure to relieve is often due to irregular pupillary distance, as mentioned by Dr. Ellis.

REGULAR EXERCISE FOR PHYSICIANS.

BY T. J. MCCOY, M.D., LOS ANGELES, CAL.

Properly speaking, the practice of medicine is to be classed under the head of sedentary occupations; and as a rule, physicians make no allowance of time for the purpose of regular exercise or recreation. It is highly probable that they take less systematic exercise than either attorneys or clergymen; because, even after

office hours, they make their calls by riding to and from their patients in some vehicle.

No class of men recognize the dangers of a sedentary life as physicians: and they prescribe the proper remedy for their patients, but fail even here to take their own medicine and make a personal application of their wise advice.

On considering the reasons to explain this condition of affairs, they are easily found in the customs and conveniences of the present day; and we encourage, I fear, the common error of popular belief: that exercise and a proper amount of dignity, such as becomes the medical profession, are incompatible.

The popular conception of a physician, as I learn—as conveyed to me by the laity—is that of a gentleman who wears a silk hat, a Prince Albert coat, a pair of gloves, quite dignified in manner and dress, and rides in a buggy or carriage to make his professional visits. The result of such opinions is a sallow, dyspeptic physician, or one who is an habitual user of alcoholic stimulants; or else, he who takes considerable exercise. I have known doctors who were leading athletes while in college, settle down to the sedentary life of a medical man: and the result has been, almost without exception, that in a short while they have become accustomed to produce their wonted exhilaration by means of stimulants, and the ultimate result has been most unfortunate. Is it not a fact, that one reason for the widespread custom of taking stimulants, by those who lead sedentary lives, is to be found in the neglect of bodily exercise? 'Tis natural for us to desire and enjoy that feeling of exhilaration and stimulation which follows exercise in the open air. Busy men find it inconvenient, and impossible often, to take the time, and resort to alcoholic stimulants to produce the feeling of vivacity; otherwise their lives would be splenetic, low-spirited, and even hypochondriacal.

Customs of today demand—and we are willing victims—that in proportion to a man's success, he must live more luxuriously; and nature demands more exercise. Want of it, and the costive habit superinduced, may, as Kotzeber observes, "extinguish the divine flame of genius and seriously impair the intellectual powers."

From the moment we are born until the end of life, exercise, duly apportioned to rest, is the normal state of existence; and while continued over-strain of any portion of the body is a forerunner of disease, so on the other hand is, equally if not more so, that want of exercise which induces wasting and degeneration.

We are great believers in the wisdom of preventing disease by the proper attention to the laws of nature: and so far as we can judge, nature's method of removing effete products is through

physical exercise. Therefore, it becomes our duty, as revealers of this process, to set a good example before mankind by showing them the proper manner in which to exercise.

This brings us to the important question of the form best suited to individuals who lead a sedentary occupation. As applied to physicians, it must be in a form ideal, capable of being indulged in each day, and yet allowing him to have perfect control of his time to pursue his profession, even when most busy. There is nothing, I believe, today, which comes nearer fulfilling this indication than the bicycle. It combines a sojourn in the air with exercise and forced mental relaxation, and the exhilaration following a ride upon the bicycle is as great as that produced in any other way. In Europe, and many parts of the United States, large numbers of physicians make their calls on this steed of steel: and since the perfecting of the high grade ball-bearing safeties, such as the Columbia, Victor and others, they are comparatively safe from danger; and they are propelled with such ease, the economy, convenience, and rapid mode of getting around warrants them to become more popular as vehicles for physicians in cities than ever.

In New York, Cincinnati, Chicago and Denver, I have medical friends who use the bicycle almost exclusively in fine weather, and, they tell me, with most satisfactory results. In our city, I am surprised to learn, but four of our physicians are using the bicycle. Even in their cases, it is used only as a benefit in health. On making inquiry among a few medical friends, I find the only reason for this is because it is not customary among physicians here: that it seems rather undignified. However, if a few would adopt the use of the bicycle, they should, as they are convinced of their value.

There is no more favored city, from her good streets and sidewalks, or a country which has more days suitable for the use of the wheel, than ours; and if physicians would adopt the use of it for business and recreation only, they would at once become popular and the above benefits be derived therefrom.

California Bank Building.

MISS H. R. PORTER recently sued Dr. K. D. Wise, of Los Angeles, to recover \$30,000 damages for alleged malpractice. After the prosecution had introduced its evidence, the court granted the defendant's motion for a non-suit. The suit arose from a claimed poor result in the treatment of a fracture of the patella.

Selected.

*THE TREATMENT OF TUBERCULOSIS WITH GUAIACOL.

BY PROF. DR. MAX SCHUELLER, BERLIN, GERMANY.

After some preliminary complimentary responses, addressed to the president and members of the German Medical Society of New York, the lecturer opened the subject of his discourse with a brief review of the history of the guaiacol treatment of tuberculosis, which he had the distinction of first introducing. In 1878 to 1880 he had first demonstrated, by many experiments on animals and by histological trials, the artificial propagation of tuberculosis of the joints: exhibits which had recently been confirmed in all essential points by several authors through identical trials with the tubercle bacillus. He had at that time pointed out with distinct probability the etiological correlation of tuberculosis, scrofula and lupus, as well as their dependence on certain micro-organisms, the confirmation of which theory by the discovery of the tubercle bacillus, is the undiminished achievement of Robert Koch. The author had also made many therapeutical trials with various remedies on animals infected with tuberculosis (as, for instance, with sodium benzoate, extract lign. guaiaci, guaiacol, creasote, etc., with pilocarpin and with chloride of zinc), partly as general treatment and partly by local application. The results of his experimental observations and histological investigation at that time had been accurately reported in his book of 1880.

After further brief explanation of the motives directing his therapeutical experiments, he stated that his trials with the various remedies on human subjects soon induced him to give preference to extract of guaiac wood and guaiacol. Of these guaiacol—a constituent of guaiac wood, as also of creasote—which the author was the first to employ experimentally and therapeutically, in even comparatively small doses promptly arrested the development of the cultures from tubercular tissues; according to the latest investigations, a considerable anti-bacillary action is also assured with guaiacol on the tubercle-bacilli, in the reagent glass as well as on the trial-animals. He had employed these two remedies on his patients since 1880, and the results in tuberculosis, especially in the so-called surgical tuberculosis, were embodied in a special treatise published in 1881. Since publishing this book he had opportunity to note the most favorable results from guaiacol treatment in a large number of new patients, thereby enlarging his previous

*Report of a Lecture delivered January 4, 1892, before the New York German Medical Society, at the Academy of Medicine. Original report and translation for Notes on New Remedies.

experience. Other observers had also confirmed the same views.

The lecturer then described his modes of treatment for the various tubercular affections.

In pulmonary tuberculosis he gives children two to three drops, adults three to five drops, of pure guaiacol, four times daily, stirred in a glass of salt water, milk, bouillon, and for adults also in wine, etc. Guaiacol, on special request of the author, is now produced of as pure a quality as possible by J. D. Riedel (hemico-pharmaceutical laboratory), in Berlin, is a water-clear liquid, relatively easily soluble, of not unpleasant taste and odor, and readily borne by all patients. This guaiacol can be obtained from Lehn & Fink, New York, who are the American agents of J. D. Riedel. Prof. Schueller has entirely abandoned the pill form for guaiacol, and considers it altogether unsuitable. He also considers it less practical to dispense the remedy in capsules than by the aforementioned simple method. If necessary to take in capsules, he recommends that the patient drink some liquid, about an ordinary tumblerful, immediately before and after taking. If administered as previously described, he found that his patient took guaiacol regularly for many months, to a year and a half, without untoward effect. He directs his patients (pulmonary tuberculosis) where necessary to occasionally take expectorants digitalis and antipyretics with the guaiacol: the use of which latter must never be interrupted. These adjuncts are especially necessary when commencing the treatment, as only after continued use of guaiacol it indirectly acts favorably by reducing the fever. In many instances he administers by inhalation, employing weak aqueous guaiacol solutions (5: 3000 up to 5: 5000), or turpentine with camphor, etc. These inhalations must be constantly controlled by the physician, and over-exertion in inhaling must be strictly avoided. The speaker usually noted an increased, but at the same time easier, expectoration to follow at first, then a gradual change of the lumpy purulent sputum into catarrhal mucus, clearing of resonance, relief from coughing, increased body weight, general improvement, and final disappearance of the tubercle bacilli, etc. The speaker here referred to a number of aggravated cases treated by him, among them several which had been unavailingly treated with tuberculin. In one of these cases (evidently tuberculosis of the intestines), a profuse diarrhoea of several months standing, and resisting all treatment, was permanently aborted eight weeks after commencing the guaiacol treatment. Although in many cases, after four or five weeks treatment, a most astonishing improvement of all symptoms is noted, the treatment nevertheless requires continuance for at least six or eight months; the speaker insists on continued administration of the remedy for several

months after the disappearance of the tubercle bacilli and of the local symptoms of the disease, and as a matter of course recommends immediate resumption of the treatment if any of the symptoms subsequently reappear. He has recorded eighteen cures in patients with pulmonary tuberculosis, some of whom have been under observation for several years now, and who proved to be entirely well at repeated examinations.

In the so-called surgical tuberculosis, i.e., where the disease becomes organic and is therefore in increasing ratio open to surgical treatment with guaiacol, Prof. Schueller has also consistently carried out specific treatment with guaiacol, and considers it appropriate—and unavoidable—because many of these patients actually are afflicted with tuberculosis in one or the other organ, simultaneously with the disease coming under the surgeon's hand; and these symptoms, although often only initial, not infrequently develop subsequently—after healing of the local malady—into tuberculosis of lungs and other organs.

In a series of such cases he observed improvement and cures ensue without operation, solely under the administration of guaiacol. Many of these patients have remained well, after two to ten years, and in looks are blooming. So-called chronic scrofulous eczema, in the pus of which the speaker had frequently found tubercle bacilli, healed perfectly in a short time, and the accompanying glandular swelling subsequently disappeared.

So, too, large tuberculous glandular tumors, not yet caseated, can be made to disappear within three to six months; and in simple cases of tuberculosis of the joints, cessation of pain, reduction of swelling, removal of functional disturbances, and cures, can be accomplished. Several cases of vertebral tuberculosis were also healed in comparatively short time under the author's observation. As a particularly notable and interesting example the speaker related the case of a boy six and a half years old, with tuberculosis of the cervical vertebræ and tuberculosis in other parts of the skeleton, who was unavailingly treated in various ways, and for some time with tuberculin in the winter of 1890; prompt reactions were always induced, but unfortunately new tubercular deposits also appeared on other bones, and the focus of the disease on the cervical vertebræ became more aggravated, accompanied by increased swelling and softening, increased painfulness, compressions and persistent fever, so that finally the tuberculin injections had to be abandoned. After four weeks' guaiacol treatment the high fever at night which had constantly recurred during half a year, even after discontinuing the tuberculin injection, disappeared entirely, while at the same time the considerable swelling and sensitiveness to pressure on the dis-

eased vertebræ, as well as the severe radiating pains in the arms, grew constantly less, so that after six weeks guaiacol treatment the previously necessary reclining posture could be relinquished and patient, with a corset about the body, was able to move about out of bed. Of the remaining tubercular deposits, the smaller spontaneously receded and two were surgically removed. The author also recalled a case of tubercular caries with very threatening symptoms, of fourteen years standing, progress to a cure under guaiacol treatment. Probably other simple attacks of tuberculosis in other organs (for instance, the kidneys) can be similarly cured; less likely are the chances for tuberculosis of the testicles.

In the great majority of cases of surgical tuberculosis he deemed local, especially surgical, operations necessary in conjunction with the guaiacol treatment. His reasons for this view were detailed clearly in his last publication (Wiesbaden, 1891—see above); in that work he had also carefully described his own mode of local applications and surgical operations, detailing many cases in his practice, of which he had since had many additional ones. He requested a perusal and study of his book, and concluded with a few more instances which illustrated the exceptional value of his methods.

Of late he had injected guaiacol, in aqueous solution or in combination with a ten per cent iodoform-glycerin solution, locally to the seat of the disease. For instance, in lupus the nodules and infiltrated regions were cauterized with the thermo-cautery; the guaiacol was injected subcutaneously or endermically in limited radius in the neighborhood of the lupus-nodules; over this iodoform-collodion dressing was applied. These injections always cause severe oedematous swelling, lasting one or two days, and accompanied by severe pains; but this quickly subsides and is followed by smooth healing.

The speaker followed this method in the case of a 47-year-old maiden lady, who had for years experienced every sort of treatment for lupus of the face, including thirty-eight injections of tuberculin during the winter of 1890, which were followed by a very considerable and rapid spread of the lupus. The whole face was thickly swollen, bluish-red and brownish-red in color; the forehead, cheeks and chin were ulcerated; the nose and upper-lip destroyed; the lobule of the right ear swollen to cherry-size, with glassy appearance and fresh lupus-nodules. The same condition existed on the gums and the mucous membrane of the palate, with presence, finally, of lupus deposits of pea-size with tuberculous infiltration of the surrounding subcutaneous tissues of the inner left foot and the ankle. Bronchial catarrh was also present,

with tubercle bacilli in the mouth, but no dulness. It is worthy of special mention, because of the difficulty to prove the presence of the bacilli in lupus, that very perfect tubercle bacilli were found in the water-clear, serous fluid which was exudated in cauterizing the lobule of the right ear. The previously described guaiacol treatment was commenced on this wretched patient in the middle of September. Week by week increased improvement was apparent. At the end of November, after two and one-half months of treatment, the local applications were desisted from. The face was uniformly less swollen, much thinner, and pallid; the lupus was apparently healed, as also the tubercular deposit on the foot. The patient continues to use the guaiacol because of the still existing catarrh.

In tuberculo is of the joints the author has also applied injections of iodoform and guaiacol, and is satisfied in a high degree with the results. In four cases of coxitis, which formerly would all have required resection, he procured perfect healing with injections into the bone deposits, capsule, surrounding tissues, etc., in the manner previously described, so that neither a shortening, nor pain, nor swelling occurred, while locomotion was again restored. In two of these cases limited mobility is again apparent.

He called attention to the considerable progressive advantages of this treatment over all other non-operative methods, including that by resection—which hereofore accomplished very unsatisfactory results, particularly in the hip-joint. But also in extirpations, excisions, resections due to tubercular affections (which he deems necessary always if caseation or extended destruction through fungous granulation are present), he has noted considerably improved results (primary healing without fistula, freedom from relapse, etc.) by injecting a mixture of guaiacol solution in iodoform glycerine into the fissures of the wound (in the denuded bones, in the soft parts, etc.) immediately after the operation. Then the wound, without drainage or tamponing, is sewed and the dressing applied; primary healing always followed. Patients thus operated on, with resection of the knee and of the ankle-joint, with the leg incased in a water-glass mould, were able fourteen days after the operation to walk around without pain.

All patients with surgical tuberculosis should also take guaiacol internally, and this is not to be omitted after any operation. The lecturer had become convinced through his manifold observations during so many years, that this very combination of internal use of guaiacol with his appropriate surgical operations had secured the fine curative results which he had noted in his patients, and

he hoped that his methods of treatment would be adopted by, and prove equally valuable and satisfactory with, his contemporaries in America.

*A PROPHYLACTIC AGAINST INFLUENZA.

Every indication points toward a return of a severe pandemic of influenza. On the 24th of December, 1889, after numbering thousands of victims abroad, it suddenly appeared in the United States, and cost more lives than many epidemics of cholera.

The nature of the affection, the marked debility induced by it, and its sequelæ, all point to a remarkable depression of the general system. During its presence in the country, the prevalence and severity of other acute diseases were largely increased and the mortality from all other causes augmented. This condition of affairs continued for some time after the subsidence of the epidemic.

The value of coca as a tonic to antagonize any tendency to adynamia is too well known to require elaboration here. Its therapeutical effects tend to build up precisely what influenza tends to destroy: a fact instanced by the use made of coca leaves by the natives of Bolivia and Peru, which renders them capable of undergoing the greatest possible physical strain, and that frequently with sparse nourishment. This remarkable tonic action of coca in medical therapeutics has further been attested by Brown-Sequard, Dujardin-Beaumetz, Ball, Bouchut, A. McLane Hamilton, A. E. Macdonald, H. M. Lyman, I. N. Danforth, P. S. Conner, and many other eminent physicians, too numerous to mention in the space at our disposal.

The coca wine made by Mr. Mariani, of Paris, and termed *Vin Mariani*, is a preparation based on a scientific study of the individual virtues of the several varieties of the plant, conducted with a view to extract from them the most potent components, giving rise to tonic effect. The wine employed as an excipient is also selected with the same idea in mind, its fineness and purity giving the *Vin Mariani* the agreeable aroma which is peculiar to it. It is not only indicated as a prophylactic against influenza by the strongest inferences of experimental therapeutics, but its use meets the approval of pure common sense. A wine glassful should be administered three times a day, after meals or about half an hour before each meal.

*Editorial by Charles E. Sajous, M.D., *The Satellite of the Annual of the Medical Sciences*, January, 1892.

Southern California Practitioner.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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Editor and Publisher Southern California Practitioner,

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

THE GRIP AND ITS LESSONS

The time was, and not so very long ago, when this section of the continent enjoyed immunity from epidemic influences generally. Except in the case of cutaneous contagions, local conditions here are unfavorable both to their invasion and extension.

A further exception must now be made in the interest of the *Pfeiffer Bacillus*. This, one of the tiniest of microbes, has shown himself quite at home among us, and capable of phenomenally big enterprises, although his temper has doubtless been somewhat mollified by our soothing atmosphere. For three successive winters he has joined the caravans of tourists that have journeyed hither in search of health or pleasure, and seems to have obtained as large results from the trip as any of them. He is a famous traveller. Long before the days of Jules Verne, Nellie Bly, Betsy Bisland, George Franc's Train, *et id omne genus*, he thought nothing of making the terrestrial circuit inside of six weeks. With improved electric facilities and further experience, he will probably make the trip some day in a little less than no time.

We are sorry he came this way. For although inclined to encourage immigration, we are disposed to draw the line at Chinese

and *Pfeiffers*. As between these two, more ado has been made about the former, while vastly more ado has been made by the latter. In the long run the former has proved a financial benediction, while the latter has entailed an incalculable loss. Morally, we suspect the former has been the lesser of the two evils.

The evidences of the *Pfeiffer's* presence have been summarized under the graphic title *grip*; pronounced with a tetanic closure of the jaws under an impulse of fifteen hundred volts.

Years ago it was called *influenza*, and *catarrhus sine catarrho*. But that was when time was not the essence of the contract, and before the *Pfeiffer* had acquired his present speed. Dunglison, in deference to the French, gives the grip a final silent *pe*. But until the whole thing may be silenced we are in favor of dispensing with as much of it as possible, both in name and in fact. Knowing so much about the disease, it is humiliating to confess that we know so little. We do not know what it is; we do not know whence it comes. It is indifferent to isothermal, or other more graceful imaginary lines.

No morbidic invasion known to civilization has presented such varying features, and at the same time preserved its identity.

At the date of its first visit to us, December, 1889, the weather was unusually wet, yet in the total number of cases it is safe to assert that less than twenty per cent presented respiratory complications. At the time of its second visit, December, 1890, the weather was not so wet, while respiratory troubles were noticeable in fully thirty per cent. From the middle of November, 1891, the beginning of the last invasion, until late in January, 1892, we had absolutely no rainfall: yet the respiratory cases exceeded ninety per cent. And what probably was never before known in the history of Los Angeles, lobar pneumonia was prevalent to some extent from the beginning to the end.

During the first siege throat and secondary ear troubles were frequent: during the second less so; during the last these complications have been rare, while asthenopia, premature presbyopia, violent neuralgia and melancholia have been common.

Hence we may not from former experiences predict the character or severity of either its complications or sequelae. It is emphatically asthenic. It is not malarial in the accepted meaning of that term; yet, during its acute stages, and even during a retarded convalescence, it is remittent. It is undoubtedly infectious, and measurably contagious. There are no prodromata. The attack is explosive. Now you don't have it, and now it has you. He who is uncertain whether he has had it, may be certain that he has not.

We have reason to believe the disease self-limiting under favorable circumstances, rest in bed, and supportive diet, without medicines. We know it may be greatly abbreviated under like conditions with judicious treatment.

As between rest without treatment, and treatment without rest, the former is in every instance to be preferred. Indeed, the latter is hazardous, because of the presumption it inspires in the patient. Somewhat extensive experimentation leads us to the belief that the disease may be prevented in the individual by antiseptic remedies. We do not believe in the efficacy of quarantine or of a sanitary cordon, whether shot-gun or otherwise.

A lesson taught with increasing emphasis by each succeeding epidemic, is the great importance to the individual of not spending his entire physical energy from day to day when well, but of securing and maintaining a reserve fund. Fatal cases, so far as known, occurred with marked uniformity among the overworked, whether robust or feeble before the attack. An equally impressive bit of instruction is the necessity of an immediate surrender at discretion when attacked. One had better cry quarter and be released whole after a brief imprisonment, than to make useless resistance and be strung on a bayonet.

EDITORIAL NOTES.

DR. D. G. MACGOWAN, Health Officer of Los Angeles, has recently returned from his trip to Japan, somewhat improved in health.

THE California State Medical Society will meet at San Francisco on April 19. It is now time to commence preparations to attend.

DR. W. E. LINDLEY, formerly engaged in active practice in Los Angeles but late of Idaho, has decided to open an office in Whittier.

DR. W. W. MURPHY has gone East for a short period. From the Doctor's appearance we do not believe that it is altogether on account of his health that he makes the trip.

MR. A. D. AYRES, the Pacific Coast agent for the "Allison" chair and "Allison" surgeon's table, is at present and will be for some time in Los Angeles and the neighboring towns. In the surgeon's table Mr. Ayres is offering the very best thing of its kind on the market. It can, with perfect ease, and quickly, be made to occupy any position which the necessity of the case or the whim of the doctor may demand. All physicians having minor surgery or gynecological work to do, may well afford a little time to investigate its merits.

CORRESPONDENCE.

NEW LICENTIATES.

At a meeting of this Board held January 5, 1892, the following named physicians, having complied with the law and requirements of the Board, were granted certificates to practice medicine and surgery in this State.

Bacon, A. J.	Los Angeles	Rush Med. Coll., Ill., Jan. 26, 1864
Barmore, Wm. A.	San Francisco	Med. Coll. of Ohio, Cincinnati, O., March 5, 1891
Billings, Marcia E.	San Francisco	Woman's Med. Coll., Pa., March 13, 1890
Blair, W. F.	San Francisco	Med. Dept. Western Reserve Univ., O., Feb. 25, 1885
Breneman, Joseph T.	Oakland	Med. Dept. State Univ., Iowa, March 5, 1879
Cleary, Geo.	San Diego	Bellevue Hosp. Med. Coll., N. Y., March 1, 1868
Coffman, M. S.	San Francisco	Cooper Med. Coll., Cal., December 4, 1891
Coray, Robert	San Francisco	Med. Ex. Bd Cant. Grauburden, Switz., Nov. 18, '67
Craig, Stephen A.	Pasadena	Cincinnati Coll. Med. and Surg., O., June 21, 1877
Craven, B. F.	Tulare	Coll. Med. Mo., March 2, 1869
Driscoll, Edward P.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Ensign, G. H.	Coronado	Med. Dept. Univ. Wooster, O., Feb. 27, 1879
Evans, W. M.	Stockton	Rush Med. Coll., Ill., Feb. 21, 1877
Ford, Campbell	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Forrest, R. H.	Oakland	Bellevue Hosp. Med. Coll., N. Y., March 14, 1883
Frye, Gardiner	San Francisco	Med. Dept. Univ. of Vt., July 16, 1888
Griffin, C. F.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Hare, Geo. A.	Fresno	Med. Dept. Univ. of Mich., June 30, 1887
Hare, Jessie D.	Fresno	Med. Dept. Univ. of Mich., June 30, 1887
Howitt, Richard I.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Hershiser, W. A.	Pleasanton	Cooper Med. Coll., Cal., Dec. 4, 1891
Jones, C. W.	Grass Valley	Cooper Med. Coll., Cal., Dec. 4, 1891
Kobayashi, S.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Kuhlman, Chas. G.	San Francisco	Rush Med. Coll., Ill., Feb. 19, 1889
Lewis, Wm. M.	Los Angeles	Bellevue Hosp. Med. Coll., N. Y., March 1, 1879
Macdonald, J. M.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
McConkey, Thos. G.	San Diego	Univ. of Penna., May 1, 1890
McNary, Wm. T.	Santa Clara	Hosp. Coll. of Med., Ky., June 13, 1889
Molony, J. J.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Morse, T. W.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Murphy, C. W.	Los Angeles	Coll. Med. Univ. of So. Cal., May 26, 1891
Murphy, Geo. S.	Los Angeles	Coll. Med. Univ. of So. Cal., May 26, 1891
Olsen, Marie Colditz	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
O'Neill, Arthur A.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Overacker, Kate	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Pearson, Orlando	Woodside	Northwestern Med. Coll., St. Joe, Mo., Feb. 25, 1891
Petrie, Frank B.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Pratt, O. F.	Rialto	Mo. Med. Coll., St. Louis, March 4, 1875
Riley, Wm. C.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Rixford, Emmet	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Rowell, Wm. A.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Samuels, E. H.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Shoemaker, D.	Sacramento	Cooper Med. Coll., Cal., Dec. 4, 1891
Simpson, J. A.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Smith, Weston O.	Alameda	Med. Dept. Univ. of Cal., Nov. 10, 1891
Sussdorff, Gustave E.	San Francisco	Long Island Hosp. Coll., N. Y., June 28, 1886
Tickell, A. H.	San Francisco	Southern Med. Coll., Atlanta, Ga., March 4, 1891
Trout, J. H.	Los Angeles	Univ. of Penna., May 2, 1887

CHAS. C. WADSWORTH, Secretary.

Southern California Practitioner, Los Angeles, Cal.:

A concourse will be held at Rush Medical College, beginning Tuesday evening, March 1, for the purpose of filling the positions of Lecturer on Anatomy, and on *Materia Medica* and Therapeutics, in the spring faculty. The spring course begins March 31, directly after the close of the regular term, and continues two months, with a class of from 250 to 300 students: thus affording the lecturers an excellent opportunity to exercise their skill as teachers. It is the policy of the College, so far as practicable, to fill vacancies in the regular faculty from the corps of spring instructors. Nine of the present members of the regular faculty have been selected in this way. The concourse will consist of twenty-minute lectures by each of the applicants, before the faculty, students and local profession: upon subjects pertaining to their branches, which will be furnished by the professors of anatomy and *materia medica* and therapeutics, a week before the contest.

E. FLETCHER INGALS, Registrar.

Chicago, February 8, 1892.

Editor Southern California Practitioner:

DEAR SIR—My article upon "Prognosis of Phthisis Pulmonalis," which appeared in your December number, has been somewhat unfavorably commented upon by a few professional brethren who still consider consumption an incurable disease. Permit me to call the attention of your readers to a paper by Dr. Fisk, of Denver, which appears in the January issue of the *Climatologist*. My statistics, based upon 250 cases, claim an improvement in 52 per cent and a cure in 32.8 per cent. Dr. Fisk, in a series of 100 cases, claims improvement in 54 per cent and cure in 32 per cent. Dr. Solly, of Colorado Springs, reports 140 cases showing about the same percentage of cure. Southern California is one vast health resort; would it not be well for our medical men, who keep carefully written records of cases, to publish results? We would thus be enabled to compare our boasted climate with that of other countries.

Respectfully, Jno. C. KING.

Banning, Cal., January 27, 1892.

BOOK REVIEWS.

THE CALIFORNIAN ILLUSTRATED MAGAZINE. CHARLES FREDERICK HOLDER, Editor; E. T. Y. Parkhurst, Assistant Editor; Andrew Brown, General Manager; Carl Dahlgren, Art Manager. February, 1892.

The Californian Illustrated Magazine for February contains a number of striking and timely articles. The second expose of

Chinese influence in America is a paper on the sale of Chinese women, illustrated by striking pictures of slaves and a fac-simile of a captured slave contract in the original Chinese, which tells a tale of horror.

Ex-Governor Lionel A. Sheldon reviews the work of the Fifty-first Congress.

An appeal for the preservation of American ruins is made in an article on the wonders of New Mexico and Arizona. Fine illustrations show the ruin of the cliff houses in the Canon de Chelly and other portions, the earthen vessels of the cliff dwellers, etc.

Under "Men of the Day," the sons of pioneers, the lives of Col Q. F. Crocker and R. H. McDonald, Jr., are presented to show what the young men of the West are doing.

Colony life in California is well described and handsomely illustrated in an article of value to those who are looking westward.

The sportsman will find a graphic account of a novel sport—hunting the antelope with the sabre in the borders of the desert—by Charles F. Holder. This is finely illustrated by a full-page illustration painted especially for the magazine.

The magazine will improve and enlarge its scope with every issue, not confining itself to California but making its field the world.

Published in San Francisco, every month.

ADDRESSES AND ESSAYS. By G. FRANK LYDSTON, M.D., Fellow of the Chicago Academy of Medicine and of the Southern Surgical and Gynecological Association; Professor of Genito-Urinary Diseases and Syphilology, Chicago College of Physicians and Surgeons. The Evolution of the Local Venereal Diseases; Tropho-Neurosis as a Factor in the Phenomena of Syphilis; The Rationale of Extension in Diseases of the Spinal Cord; Aberrant Sexual Differentiation; Gonorrhœa in Women; A Plea for Early Operation in Acute Peritonitis; Materialism vs. Sentiment in the Study of Crime.

The Evolution of the Local Venereal Diseases is a little deviation from the usual teaching, and is an argument in favor of the statement that gonorrhœa and chancroid are diseases which may arise *de novo*. As an argument, he speaks of scarlet fever as follows: "A singular fact is that in the severer forms of scarlet fever the angina assumes characteristics so severe, and of so peculiar appearance, that the doctor is sometime impelled to say: 'This child also has diphtheria.' Do you believe that the system of the child could be a field for strife between two infectious constitutional diseases of so pronounced a type? I do not."

The reviewer believes they may, and do. A little over a year ago, the writer had a six-year-old boy under his care with scarlet fever. The rash was followed in the usual time by desquamation. During his convalescence the four-year-old brother had the typi-

cal rash, and other scarlet fever symptoms. In his throat, in the course of a week, diphtheritic membrane developed, rapidly spread, and involved the larynx; and the boy died in a few days of paralysis of the heart. That the boy had diphtheria can scarcely be doubted; for the mother, who had nursed him, had a severe attack of diphtheria, commencing the day of the child's funeral.

THE SUPREME PASSIONS OF MAN; or, The Origin, Causes, and Tendencies of the Passions of the Flesh. By PAUL RAQUIN, M.D., late Professor of Comparative Medicine, and Director of the Bacteriological Laboratory, Missouri State University; Member of the American Public Health Association, etc., etc. Published by the Little Blue Book Co., Battle Creek, Mich. 1891. Price, 50c.

This book, as the author states, is meant to disseminate knowledge among *all classes* concerning the laws of nature under which passions arise and by which they may be ruled.

The writer's argument is that man is composed of cells; these cells must have the necessary conditions to display their activity, and certain aggregates of cells have special work. The activity of the cells is partly governed by inheritance, and partly by external environment: i. e., nourishment. If a cell do not receive sufficient nourishment, the tendency is to stimulate it; repeated stimulation forms habit, and passion for drink is developed; if cells be over-nourished and idle, then lasciviousness is developed. The grounds taken seem sometimes overdrawn, but it is all in the right direction, and is written by a man having the matter at heart.

AGE OF THE DOMESTIC ANIMALS. Being a complete treatise on the dentition of the horse, ox, sheep, hog and dog, and on the various other means of determining the age of these animals. By RUSH SHIPPEN HUIDEKOPER, M.D., Veterinarian (Alfort, France); Professor of Sanitary Medicine and Veterinary Jurisprudence, American Veterinary College, New York; Lieutenant-Colonel and Surgeon-in-Chief National Guard of Pennsylvania; Fellow of the College of Physicians, Philadelphia; Honorary Fellow of the Royal College of Veterinary Surgeons, London; late Dean of the Veterinary Department, University of Pennsylvania. Illustrated with 200 engravings. Complete in one handsome royal octavo volume of 225 pages, bound in extra cloth. Price, \$1.75 net.

This work presents a careful study of all that has been written on the subject, from the earliest Italian writers. The author has drawn much valuable material from the ablest English, French and German writers; and has given his own deductions and opinions, whether they agree or disagree with such investigators as Bracy Clark, Simonds (in English), Girard, Chauveau, Leyh, Le Coque, Goubaux and Barrier (in German and French). The illustrations have been mainly taken from these authors, and it would be extremely difficult to improve upon them. There are, however, a large number of original illustrations on the horse, cattle, sheep and pig.

"The author has attempted to prepare such a book as he feels would have been of interest and service to himself in his associa-

tion with animals as a layman, and would have aided his studies and appreciation of the anatomy of the teeth, dentition and means of determining the age. He hopes, also, that this work will furnish, to students and veterinarians, knowledge which will aid in surgical operations on the mouth."

There are, perhaps, very few men as fully equipped and as thoroughly qualified as Dr. Huidekoper for giving to those interested in the subject a work so complete and trustworthy as this one.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. The articles written especially for the work by American, British and Canadian authors. Edited by JOHN M. KEATING, M.D. Illustrated. Philadelphia: J. B. Lippincott Co. 1891. Published in four volumes. Price, sheep, \$24.00.

Volume I is divided into two parts: Part I—General subjects; Part II—Fevers and miasmatic diseases. Volume II contains diseases of the skin, constitutional diseases, and diseases of nutrition, respiratory tract, circulatory, hæmato-poietic, glandular system, mouth, tongue and jaws. Volume III contains diseases of the digestive system, genito-urinary organs, blood and blood-making apparatus. Volume IV contains diseases of the ear, eye, nervous system and hygiene.

That this is one of the greater editorial undertakings of the present decade there can be no question. Pædiatrics has really become a specialty; and although there has been a vast amount of literature on the subject, it has never been classified except in the "one-man" volume. Of these there are several good ones, but they are not broad enough in their scope. In the work before us the foremost practical men of England, Canada and the United States have written monographs, on different special phases of the specialty; and these have been grouped into a harmonious whole, covering the entire field. No practitioner who pretends to treat children, can afford to do without this great work.

A PRACTICAL TREATISE OF THE DISEASES OF THE EAR.

Including a sketch of aural anatomy and physiology. By D. B. ST. JOHN ROOSA, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School, and President of the Faculty; Surgeon to the Manhattan Eye and Ear Hospital; Consulting Surgeon to the Brooklyn Eye and Ear Hospital; formerly Professor of Ophthalmology in the University of the City of New York, and of Diseases of the Eye and Ear in the University of Vermont; formerly President of the Medical Society of the State of New York, etc., etc. Seventh revised edition. New York: William Wood & Co. 1891. Price, cloth, \$5.50; leather, \$6.50. Pages XXII-741.

When a book reaches its seventh edition it is conclusive evidence that the profession thinks well of it; and under these circumstances a long and elaborate review is not at all necessary. The first edition of this work appeared on May 29, 1873, the sixth edition November 1, 1884; but seven years pass before the seventh edition appears, it bearing the date August 22, 1891.

In the first chapter we find a sketch of the progress of otology, with a bibliography. Following this there are 34 pages devoted to the examination of the patient, and 16 pages on the anatomy and physiology of the external ear. The anatomy of other portions of the ear appear further along in the book. One hundred and thirteen pages are given to diseases and deformities of the external ear. In 329 pages the diseases of the middle ear are discussed, and in another 112 pages the diseases of the internal ear are carefully considered.

The index is very good.

The work is founded on the author's personal experience. It gives, however, the experiences of both European and other American aurists. It is written for three classes of readers: medical students, general practitioners, and specialists. It is not so exhaustive as some ear treatises, but no valuable plan of treatment of any author has been passed in silence. The descriptions of diseases are clear, and the treatment definite. It is these features which enable it to be used to advantage by all classes of medical readers.

LOVE AND MARRIAGE IN JAPAN.

Sir Edwin Arnold, who has been enjoying an interesting trip through the United States, has made a careful study of the conditions which govern the family in Japan, and embodies his ideas in a paper called "Love and Marriage in Japan" in the February number of *The Cosmopolitan*. The article is illustrated by the quaintest possible Japanese sketches, running down the sides and across the bottom of each page. An excellent photograph of W. D. Howells serves as a frontispiece, and his work as a writer of fiction is reviewed in the same number by H. H. Boyesen. The President of Johns Hopkins University gives a most practical paper for parents on "Boys and Boys' Schools," illustrated by cartoons of the famous Attwood. Murat Halstead turns back lovingly to his early farm days, and tells of the "Pets and Sports of a Farmer Boy." The petroleum industry fully illustrated; An Afghan Story, by Archibald Forbes; The Story of the Brazilian Republic, by Adams, late minister to that country; and The Leading Amateurs of the United States in Photography, are other leading articles of the month.

VICK'S FLORAL GUIDE, 1892.

True and tried friends are always welcome, consequently Vick's Floral Guide is sure of a warm reception, especially when dressed as daintily as this year. The "Nellie Lewis" Carnation on the front of cover, and "Brilliant Poppies" on the back, are unusually

attractive, and the numerous colored plates of flowers and vegetables are certainly works of art and merit. The first twenty-four pages, printed in violet ink, describe novelties and specialties. Send ten cents to James Vick's Sons, Rochester, N. Y., and procure a copy of this attractive and useful catalogue. It costs nothing, as the ten cents can be deducted from the first order.

CALIFORNIA'S MONTHLY WORLD'S FAIR MAGAZINE. 'Authorized official organ. January, 1892. Published by B. Fehnmann, at 75 Flood Building, San Francisco, Cal. Price per annum, \$3.00.

Those interested in California's exhibit at the World's Fair should become subscribers.

TOILETTES. Vol. XII., No. 3, March, 1892. Spring Number. A fashion magazine published by the Toilettes Publishing Co., New York, 126 W. 23d St. Price, 15 cents; \$1.50 a year.

PUBLIC LEDGER ALMANAC. Geo. W. Childs, Publisher, Chestnut street, Philadelphia, Pa. Twenty-third annual issue. Furnished free of cost to the subscribers of the Ledger.

PAMPHLETS RECEIVED.

DIURETIN-KNOLL AS A DIURETIC: Reports on Clinical Experiments. McKesson & Robbins, Fulton street, New York.

SOUVENIR OF THE ROMAN CATHOLIC ORPHAN ASYLUMS ENTERTAINMENTS, Metropolitan Opera House, November 17, 1891.

ABDOMINAL AND PELVIC SURGERY. By William H. Wathen, M.D., Louisville; Professor of Abdominal Surgery and Gynecology in the Kentucky School of Medicine; ex-President of the Section on Obstetrics and Gynecology of the American Medical Association, etc.

THIRTY-SIXTH ANNUAL ANNOUNCEMENT, Kentucky School of Medicine, Louisville. Founded 1850. Session of 1892.

LA GRIPPE: ORIGIN, HISTORY, TREATMENT. By V. W. Gayle, M.D., Kansas City, Mo. Reprint from The Medical World.

UNIVERSITY OF CALIFORNIA, AGRICULTURAL EXPERIMENT STATION, Berkeley, Cal. Distribution of Seeds and Plants. E. W. Hilgard, Director. Bulletin No. 95.

MEDICAL DEPARTMENT, UNIVERSITY OF WOOSTER. Announcement for 1892. Cleveland, O.

A REVIEW OF FORTY-EIGHT CASES OF ABDOMINAL SURGERY. By Clinton Cushing, M.D.; Professor of Gynecology, Cooper Medical College, San Francisco, Cal. Reprinted from Annals of Gynecology and Pædiatry, November, 1891.

THE DRUGGISTS' REFERENCE BOOK, 1892. P. Blakiston, Son & Co., Walnut street, Philadelphia, Pa.

JOHNS HOPKINS UNIVERSITY CIRCULARS. Published with the Approbation of the Board of Trustees, Baltimore, November, 1891.

A VEGETABLE PLATE: ALSO A NEW TECHNIQUE IN INTESTINAL ANASTOMOSIS. By Rubert H. M. Dawbarn, M.D., Professor of Surgical Anatomy and Operative Surgery, New York Polyclinic.

THE CLIMATE OF SOUTHERN CALIFORNIA. By William A. Edwards, M.D. Reprinted from The Climatologist, August, 1891.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

January, 1892.

CAUSE OF DEATH			Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
		Male			Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....			116	21.41	68	48	19	10	52	35	113	...	3
Deaths under 5 years.....			18
CLASSES.	I.	I. Zymotic diseases.....	8	1.47
		II. Constitutional diseases.....	27	4.98
		III. Local diseases.....	53	10.70
		IV. Developmental diseases.....	17	3.14
		V. Accident and violence.....	4	.74
		Typhoid fever.....	1	1	1
		Typho-malarial fever.....	3	...	3	1	2	1
		Diphtheria.....	1	...	1	1	1	1
		Measles.....	1	...	1	1	1	1
		Scarlet fever.....	1	...	1	1	1	1
	Smallpox.....	1	...	1	1	1	...	...	1	...	...	...
	Whooping cough.....	1	...	1	1	1	...	...	1	...	...	...
	Croup.....	1	...	1	1	1	...	...	1	...	...	...
	Pyæmia.....	1	...	1	1	1	...	...	1	1	...	...
	Septicæmia.....	1	...	1	1	1	...	...	1	1	...	...
	Diarrhoeal } Under 5 years.....	1	...	1	1	1	...	...	1	1	...	...
	Diseases } Over 5 years.....	1	...	1	1	1	...	...	1	1	...	...
	II. Cancer.....	2	...	2	2	2	1	1	2	...	...	...
	Scrofula and Tabes-mesenterica.....	1	...	1	1	1	...	...	1	...	...	...
	Phthisis pulmonalis.....	24	...	14	10	1	2	12	9	22	...	2	
	Tubercular meningitis.....	1	...	1	1	1	...	...	1	...	...	...
	III. Meningitis.....	2	...	2	2	2	...	...	2	...	...	...
	Apoplexy.....	2	...	2	2	2	...	...	2	...	...	...
	Convulsions.....	1	...	1	1	1	...	...	1	...	...	...
	Diseases of nervous system.....	4	...	3	1	2	...	...	1	1	4	...
	Diseases of heart.....	6	...	4	2	2	1	3	6	...	...	...
	Aneurism.....	1	...	1	1	1	...	...	1	...	...	...
	Bronchitis.....	2	...	1	1	1	...	...	2	...	...	...
	Pneumonia.....	30	...	14	16	5	3	13	9	29	...	1	
	Diseases of respiratory system.....	1	...	1	1	1	...	...	1	...	...	...
	Bright's disease.....	6	...	5	1	1	...	...	5	1	6	...
	Enteritis, gastritis, peritonitis.....	3	...	2	1	1	...	...	2	...	3	...
	Diseases of liver.....	2	...	2	2	1	...	...	1	2	...	...
	Diseases of urinary organs.....	1	...	1	1	1	...	...	1	...	...	...
	IV. Puerperal diseases.....	1	...	1	1	1	...	...	1	...	...	...
	Inanition and marasmus.....	3	...	1	2	3	...	...	...	...	3	...
	General debility and asthenia.....	12	...	9	3	1	6	5	12	...	...	...
	Dentition.....	1	...	1	1	1	...	...	1	...	...	...
	V. Suicide.....	1	...	1	1	1	...	...	1	...	...	...
	Accident and violence.....	4	...	3	1	1	2	1	4	...	...	...

Deaths from causes not enumerated in the above list: Rheumatism, &c.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

Happy and content is a home with "The Rochester;" a lamp with the light of the morning.
 For catalogue, write Rochester Lamp Co. New York.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of January, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	50	64	37	0	Mean Barometer, 30.05.
2	59	74	44	0	Highest barometer, 30.37, date 1.
3	66	81	52	0	Lowest barometer, 29.78, date 27.
4	62	74	51	0	Mean Temperature, 57°.
5	58	69	46	0	MONTHLY RANGE OF BAROMETER:
6	56	62	51	0	Highest temperature 81°, date 3.
7	52	61	42	T	Lowest temperature 37°, date 1-18.
8	55	61	49	0	Greatest daily range of temperature 34°, date 23.
9	56	61	50	0	Least daily range of temperature 8°, date 27.
10	47	55	39	0	MEAN TEMPERATURE FOR THIS MONTH IN
11	52	67	38	0	1877..... 1882..... 49° 1887..... 55°
12	53	68	38	0	1878..... 55° 1883..... 54 1888..... 50
13	52	67	38	0	1879..... 52 1884..... 54 1889..... 52
14	56	68	45	0	1880..... 51 1885..... 54 1890..... 49
15	58	73	44	0	1881..... 52 1886..... 55 1891..... 56
16	54	66	42	0	Mean temperature for this month for 13 years, 52°.
17	54	69	38	0	Total excess in temp. during the month, 112°.
18	53	69	37	0	Total excess in temperature since Jan. 1, 112°.
19	58	71	44	0	Prevailing direction of wind, N.E.
20	57	73	41	0	Total movement of wind, 2,380 miles.
21	56	71	41	0	Maximum velocity of wind, direction, and date,
22	59	75	43	0	18, E.
23	61	78	44	0	Total Precipitation, .88 inches.
24	64	79	49	0	Number of days in which .01 inch or more of
25	60	72	48	0	precipitation fell, 6.
26	56	62	49	.18	TOTAL PRECIPITATION FOR THIS MONTH IN
27	54	58	50	.28	1878 3.33 1883 1.62 1888 6.04
28	60	73	48	.21	1879 3.59 1884 3.15 1889 ..... .25
29	60	68	52	.17	1880 1.33 1885 1.05 1890 7.83
30	61	71	51	.01	1881 1.43 1886 7.78 1891 ..... .88
31	55	59	51	.03	1882 1.01 1887 ..... .20

NOTE—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JANUARY, 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles	57.0	81.0	37.0	30.05	60.0	6	0.88	14	9	8	NE	2,380
San Diego	55.1	75.0	38.0	30.04	65.0	5	1.58	14	12	6	NW	2,777
Santa Barbara ...	54.5	75.0	37.5	...	63.0	4	1.10	20	13	6	W	2,003
Yuma	57.0	77.0	32.0	30.06	36.0	4	1.85	22	5	4	N	5,400
Riverside .....	...	...	...	...	...	...	...	...	...	...	...	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; George H. Penrod, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

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Celerina [Rio]4 oz.

M. Sig. Teaspoonful three times a day.

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AT THE COLLEGE OF PHYSICIANS AND SURGEONS, CHICAGO.

Messrs. Renz & Henry—I have frequently used your Elixir Three Chlorides in dermatological cases, and with most gratifying results. It is one of the most useful alterative tonics in certain cases of syphilis.

Very respectfully,

HENRY J. REYNOLDS, M.D., Prof. of Dermatology.

To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In CELERINA we have almost a certain cure. CELERINA, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium and tobacco, to restore the patient and tone the nervous system, CELERINA is of great

value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centers. CELERINA, in doses of a fluid drachm three times a day, destroys the craving for alcoholic liquors. CELERINA is a remedy par excellence to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

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DEAR SIRs—In response to your enquiry in reference to the "Elixir of the Three Chlorides", I will say that I have used it in my practice during the last six months, and in all cases to which such a preparation is adapted it leaves nothing to be therapeutically desired.

Very respectfully,

February 1, 1892.

D. STUART LYON, M.D.

I HAVE used Terraline in a case of chronic broncho-trachitis and in one of enlarged glands on the base of the tongue, and benefit was derived from its use in each case: the former, through the systematic effect; in the latter, through its soothing and emollient effect directly upon the enlarged and swollen glands. In these cases it should command particular attention.

J. H. CLAIBORNE,

10 East 28th St., New York City.

CAMPHO-PHENIQUE FOR ULCERS, ETC.—We are daily seeing records of cases in our exchanges which suggest that many practitioners are not yet familiar with the use of this anæsthetic, antiseptic and reparative combination of camphor and carbolic acid. Dr. W. C. Wile, (New England Medical Monthly, December, 1891), reports a left lateral lithotomy, removing a stone from the bladder of a man seventy-two years old, weighing 917 grains, but a big gray slough covering the entire surface of the wound. He applied *campho-phenique* entirely over the parts with camel's hair brush. In two days the slough separated, in two days more, granulations sprung up, and in four weeks the wound healed by granulation.—Virginia Medical Monthly, February, 1892.

WE HAVE received from the Cudahy Packing Company, of Omaha, a sample of their extract of beef, "Rex Brand". This product belongs to that class made by the "Liebig Process", but is a very great improvement on those hitherto produced. It is free from objectionable odor, is but slightly salted, and shows a complete absence of that burnt taste which has always been a marked feature of the preparation known as "Liebig's Extract" and extensively advertised in the daily papers. An analysis of the Rex brand states that it contains 53.61 per cent of combined albuminoids. We find it to be of an agreeable flavor and very palatable, and consider it to be the best extract of its kind that has so far been placed on the market.—From Occidental Medical Times, Sacramento, Cal., October, 1891.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, MARCH, 1892.

No. 3

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Original.

*ANALYSES OF 200 CASES OF REFRACTIVE ERRORS.

BY H. BERT. ELLIS, M.D., LOS ANGELES, CAL.

These analyses are based upon cases met in private practice during the past two years; and I offer them to your consideration, with a few remarks—in the shape of explanations and conclusions—not in the hope that there is anything new in them of which you are not already all well aware, but with the idea that by the constant repetition of well known facts the foundation may be laid for the more general attention, of the profession, to eye-strain as a causative factor in human ailments.

I may state, as a prefatory note, that in the preparation of these tables I have followed closely in the path blazed by Dr. George M. Gould of Philadelphia, in a paper read in the Section on Ophthalmology at the Forty-second Annual Meeting of the American Medical Association. I have trod in Dr. Gould's foot-steps, because my experience, although much more limited, has been quite similar; and further because, if my summaries be worth anything, they will be the more valuable modelled after a standard.

During the time covered by the cases here recorded, in my ophthalmic practice I have had but eleven patients whose conditions I did not consider would be benefitted by the wearing of glasses. Of these eleven, three I have noted as emmetropic; but it is of only one of them that I can speak with assurance. Eight had very

*Read before the Southern California Medical Society at its Eighth Semi-annual Meeting held at Riverside, December 2 and 3, 1891.

slight hyperopic or myopic errors, but were without ocular or other reflex neuroses. That is to say, 94.5 per cent of my eye cases have needed glasses, and only one-half of one per cent have been certainly emmetropic. Of the 200 cases recorded, 43 were presbyopic: that is, 21.5 per cent; and of the remaining 157, 101 were examined under a mydriatic; the others should have been, but in private practice it is many times almost impossible for the business men, or the women who depend upon their eyes for their daily bread, to stop their work for even two to four days—the time necessary when homatropine is employed.

The proportion between males and females is favorable to the latter, the figures showing 150 girls or women and only 50 boys and men. This disproportion may be accounted for by the differ-

TABLE I.—GENERAL REFRACTION OF 395 EYES.

	Eyes.	Per cent of Hyperopia.	Per cent of All.
Simple Hyperopia	116	86.2	29.3
Simple Hyperopic Astigmatism	61	19.1	15.5
Hyperopia with Astigmatism	143	44.7	36.2
Total Hyperopic	320	100.0	81.0
		Per cent of Myopia.	
Simple Myopia	19	25.3	4.8
Simple Myopic Astigmatism	18	24.0	4.6
Myopia with Astigmatism	38	50.7	9.6
Total Myopic	75	100.0	19.0
Grand Total	395		100.0

ence in habits and out-of-door exercise, these rendering the women less physically perfect, giving them less resistance, and making them—with their highly-wrought nervous systems—greater slaves to surrounding conditions.

In Table I, I have given the general refraction, and in it you will perceive that 81 per cent have been hyperopic; and of these about 63 per cent were astigmatic. Among the myopes, 75 per cent had more or less astigmatism. That Dr. Gould found 83 and 91 per cents, respectively, of hyperopic and myopic astigmatism, where I found but 63 and 75 per cents, may be explained by the fact that all of his cases—excepting those far advanced in presby-

opia—were examined under a mydriatic; while 28 per cent of my patients would not be subjected to such inconvenience.

The percentages in the subdivisions of the myopic and hyperopic table you will find very similar, much closer than Dr. Gould's analysis shows. Thus simple H. and simple M. were 36 and 25 per cent; Ah. and Am. were 19 and 24; while the compound Ah. and compound Am. were 44.7 and 50.7 per cents respectively.

TABLE II.—REFRACTION OF 259 HYPEROPIC EYES, ASTIGMATISM NOT INCLUDED.

Dioptric— Deg.	Hyperopic Eyes.	H. + Ah. Eyes.	H. & H. + Ah. Eyes.	Eyes.	Per cent of all Hyperopia.	Per cent of all Eyes.
.25	12	19	31	87	33.6	22.
.50	25	31	56			
.75	9	15	24	78	30.1	19.8
1.	24	30	54			
1.25	13	16	29	42	16.2	10.6
1.50	9	4	13			
1.75	5	1	6	11	4.3	2.8
2.	2	3	5			
2.25	5	4	9	21	8.1	5.3
2.50	..	1	1			
2.75	2	3	5	6	2.3	1.5
3.	2	4	6			
3.25	1	..	1	8	3.1	2.
3.51	..	3	3			
4.	1	1	2	6	2.3	1.5
4.50	2	2	4			
5.	..	2	2	8	3.1	2.
5.50	..	2	2			
6.	2	2	4	2	..	..
6.5	2	..	2			
	116	143	259	259	100.0	65.5

Table II is a summary of the refraction of the hyperopic cases, excluding the astigmatic errors. One-third of the hyperopes, and about one-quarter of all the cases, had an error of 0.50 D. or less; 64 per cent of the hyperopes, and 42 per cent of all the cases, had an error of 1 D. or less, and I corrected a great majority of these low errors. Only 3 per cent of the hyperopic cases had errors over 5 D.

An examination of Table III—a summary of myopia without the astigmatism—reveals quite a different percentage relation. Only 30 per cent of the myopes had an error of 0.50 D. or less; and only 42 per cent—a little over a third—had 1 D. or less; while 19 per cent had between 5 D. and 17 D.

TABLE III.—REFRACTION OF 57 MYOPIC EYES, ASTIGMATISM NOT INCLUDED.

Dioptric— Deg.	Myopic Eyes.	M. + Am. Eyes.	M. & M. + Am. Eyes	Eyes.	Per cent of all Myopia.	Per cent of all Eyes.
.25	6	2	8	17	29.8	4.1
.50	1	8	9			
.75	2	1	3			
1.	2	2	4	7	12.3	1.8
1.25	..	2	2	3	5.2	.8
1.50	..	1	1			
1.75	..	3	3			
2.	..	2	2	5	8.8	1.3
2.50	..	3	3	7	12.3	1.8
2.75	..	2	2			
3.	..	2	2			
3.50	2	2	4	5	8.8	1.3
4.	1	..	1			
4.50	1	1	2	2	3.5	.5
5.50	..	1	1	11	19.3	2.8
6.	..	2	2			
6.50	..	2	2			
7.50	1	..	1			
8.	..	1	1			
9.	..	1	1			
10.	1	..	1			
13.	1	..	1	1		
16	1	..	1			
	19	38	57	57	100.0	14.4

Among the hyperopes 16 per cent had errors over 2 D., while 44 per cent of the myopes had corresponding errors, showing that errors of a high degree occurred three times more frequently among the myopes.

The hyperopic and myopic astigmatic errors are summarized in Table IV, and include both the simple and compound corrections. The same facts are to be noted in this table which I have already called your attention to in the two preceding tables, namely: the low degrees, 1 D. or below, are both relatively and absolutely more numerous in hyperopia, constituting 90 per cent; while 70 per cent of the myopic cases had errors of 1 D. or below. In but two patients did I find astigmatism to the extent of 5 D., and both of these were myopes.

In astigmatism the question of axes is one of considerable interest to the oculist: therefore I have carefully tabulated 260 eyes in Tables V and VI. In the hyperopic astigmatic eyes I found 50 per cent, according to rule—that is, with axes at 90°. Among the

TABLE IV.—REFRACTION OF 260 ASTIGMATIC EYES.

Dioptric- Deg.	H. As. Eyes.	M. As. Eyes.	H. As. & M. As.	H. As.—Per ct. of all	H. As. M. As.—Per ct. of all	Total As.— Per ct. of all Eyes.
.25	77	13	90	71.6	34.	63.5
.50	69	0	75			
.75	22	9	31	18.6	35.7	22.3
1.	16	11	27			
1.25	7	5	12			
1.50	..	1	..	3.4	10.7	5.
1.75	5	1	6			
2.	2	4	6	3.4	8.9	4.0
2.25	1	..	1			
2.50	2	1	3	2.	1.8	1.9
3.	1	..	1			
3.25	2	..	2			
3.50	..	1	1			
4.	..	1	1	1.	3.6	1.5
4.5	..	1	1	....	5.3	1.2
5.	..	2	2			
	204	56	260	100.0	100.0	100.0

260

unsymmetrical are classed 15 cases, in which one axis was 90°. This would make 57 per cent of astigmatic hyperopic eyes, according to rule. Sixteen per cent had their axes at 180°; 31 per cent were unsymmetrical.

TABLE V.—AXES OF 260 ASTIGMATIC EYES.

HYPEROPIC.		Eyes.	Per cent. of H.	Per cent of All.
Axis 90 deg.	102	50.	39.2	
Axis 180 deg	32	15.7	12.3	
Symmetrical (not 90 deg. or 180 deg.)	6	2.9	2.4	
Unsymmetrical	64	31.4	24.6	
Total	204	100.	78.5	
MYOPIC.		Eyes.	Per cent. of M.	Per cent of All.
Axis 90 deg.	13	23.2	.5	
Axis 180 deg	20	35.7	7.7	
Symmetrical	8	14.3	3.1	
Unsymmetrical	15	26.8	5.7	
Total	56	100.	21.5	
Grand Total	260		100.	

Among those with myopic astigmatism I found 36 per cent according to rule—that is, with axes at 180° ; to these we may add those unsymmetrical cases in which the astigmatic angle of one eye was 180° , which makes 43 per cent of my astigmatic myopic eyes which had their axes according to rule. Twenty-three per cent of the myopic astigmatic eyes had axes at 90° , while 27 per cent were unsymmetrical.

Of all astigmatic eyes 51 per cent had their axes at 90° , and 74 per cent had their axes at either 90° or 180° . From this you see that in any given case we are more than twice as likely to find the angle of astigmatism at 90° than at 180° ; and three times more likely to find the angle at 90° or 180° , than at all other angles.

Besides those with axes at 90° or 180° , I had but six symmetrical axes; or 4 per cent.

About 30 per cent of both my astigmatic hyperopes and myopes had unsymmetrical axes; the total number of cases was 44. Fifty-nine of these had one of their axes at 90° or 180° ; but the axes of the other eyes were exceedingly variable, following no rule. In four the axes were H; in three cases H; in two cases H; in two other cases H; and in two patients W; no other two cases were alike.

Of the other 18 asymmetrical cases, there was but one in which the axes of both eyes were the same; and there were no two cases with the same astigmatic angles.

TABLE VI.—UNSYMMETRICAL AXES, 44 CASES.

HYPEROPIC.		Per ct. of Unsym'cl H. Axes Cases.	Per ct. of Unsym'cl Axes Cases.
	Cases.		
One Axis 90° deg	15	42.8	34.
One Axis 180° deg.....	5	14.3	11.4
Both Axes the same—not 90° deg. nor 180° deg.	1	2.9	2.3
Sundry not in the above.....	14	40.	31.8
Total	35	100.	79.5
MYOPIC.		Per ct. of Unsym'cl M. Axes Cases	
One Axis at 90° deg.....	2	22.2	4.6
One Axis at 180° deg.....	4	44.5	9.1
Both Axes the same—not 90° deg. nor 180° deg. ....	....	....	....
Sundry not in the above.....	3	33.3	6.8
Total	9	100.	20.5
Grand Total.....	44		100.0

In the application of glasses to several of my astigmatic patients I have had no little trouble, because of the absolute non-acceptance of a glass at a certain angle—on the return of accommodation—which had been unmistakably indicated under a mydriatic. At first I was greatly puzzled, and I still am, by these cases; for as yet I am certainly “at sea,” in so far as a *satisfactory* explanation is concerned. “Spasm of the accommodation” is but a cloak to hide our ignorance. The explanation which to me seems to be the most reasonable is “irregular astigmatism”: that is, the curvature near the periphery of the cornea differs from that of its center, through which the individual usually looks.

Without entering further into the details of these tables, which I cannot expect you as a body to be deeply interested in, let me call your attention for a few minutes to the manifestations of eye-strain, with which, as general practitioners, we are constantly brought in contact.

The eye-strain reflexes which I have been able to trace, with reasonable certainty, in my practice, I have classified in Tables VII and VIII.

Table VII contains all those cases in which the eye-strain has manifested itself by *ocular* reflexes. Forty per cent of all my cases of refraction have had some ocular manifestation. Many other cases had conjunctivitis, blepharitis, or some other symptom; but whenever these cases were specific or could be traced to some definite cause, they have been excluded from this summary.

TABLE VII.—EYE-STRAIN WITH OCULAR REFLEXES.

SYMPTOMS.	Cases.	Per ct. of all Refraction
Pain in Eyeballs	13	6.5
Partial Ptosis	4	2.
Blepharospasm	5	2.5
Blepharitis, Styes, etc.....	5	2.5
Conjunctivitis Excluded except in.....	8	4.
Lachrymation.....	7	3.5
Photophobia and Distress from Light—direct	20	10.
“ “ “ “ reflected	18	9.
Total	80	40.

The most common ocular reflex was some degree of photophobia, or distress from light. In Southern California, where we have such perpetual sunshine, this is a symptom of no little moment. In the table I have grouped these cases under two heads for convenience: because of my belief of the different causes producing the symptoms, and the different methods employed in relieving the same.

These subdivisions are: photophobia from the *direct rays*, which, outside of the ocular defect, are irritating from intensity; and photophobia from *reflected rays*, from our artificial stone sidewalks, asphalt streets, and nearly white country roads. The irritation in these cases I believe to be chiefly due to the red or heat rays. If correction of the defects fails to relieve these symptoms, I prescribe, for those who suffer most from the direct rays, varying shades of "London Smoke" glasses; but for those whose great distress arises from the reflected rays, I order blue.

Pain in eyeballs was another common symptom, as was also lachrymation. Although 40 per cent of all the patients had some ocular symptom, in the great majority of these cases the ocular reflex was slight, and not to be compared with other reflex neuroses. Some patients had many ocular and reflex neuroses, so that there was considerable duplication and no little indefiniteness as to origin: although in the majority of cases I was inclined to the belief that they should be ascribed to eye-strain.

TABLE VIII.—REFLEX NEUROSES OF POSSIBLE OCULAR ORIGIN.

SYMPTOMS.	Cases.	Per ct. of all Reflex Neurosis.	Per ct. of all Refrac- tion Cases.
Headaches.....	93	87.7	46.5
Digestive and Assimilative Disorders	6	5.7	3.
Mental Symptoms, Loss of Memory, etc	2	1.9	1.
Blind Spells	4	3.8	2.
Insomnia.....	1	.9	.5
Total	106	100.	53.

The reflex neuroses I have placed in Table VIII. Of these, headaches formed 88 per cent, and 46.5 per cent of all refractive cases. The character of the headaches has been variable and justifies an additional descriptive summary, which is to be found in Table IX.

Twenty-nine per cent had frontal, brow, or temporal headaches; 21 per cent had general headaches; 13 per cent were of a neuralgic character; while 12 per cent had sick headaches.

In many the headaches would at first be frontal, but before it ceased would become vertical, occipital or general. If we leave off the 43 patients who were presbyopic, then in 60 per cent of the patients headache was a marked symptom; and in probably another 15 per cent it was an occasional but not a prominent symptom.

The importance of headaches can hardly be overestimated. It is certainly a conservative estimate which places 60 per cent of all headaches as due to ocular defects: and continued headache

TABLE IX.—HEADACHES.

VARIETY.	Cases.	Per ct. of all Head- aches.	Per ct. of all Refraction
Frontal, Brows, Temples	27	29.	13.5
Sick Headaches.....	11	11.8	5.5
Neuralgic Headaches.....	12	13.	6.
First Frontal, then extending to Vertex.....	2	2.1	1.
First Frontal, then extending to Occiput.....	3	3.2	1.5
First Frontal, then General	2	2.1	1.
Vertex.....	6	6.5	3.
Occiput	7	7.6	3.5
General.....	20	21.5	10.
Dizziness ..	3	3.2	1.5
Total.....	93	100.	46.5

works ruin slowly, but none the less certainly. Some claim that at least 75 per cent, and others that 90 per cent of all headaches, are caused by some error of the seeing apparatus; and at least two-thirds of the patients who have their refraction corrected before 25 to 30 years of age, are cured or greatly alleviated: while those who are older may be benefitted, or even completely relieved; but as a rule the length of time for the accomplishment of this result is considerable.

I have said nothing about several of the reflex neuroses, and I have given no summary of muscular insufficiency, because I desired to keep this paper within reasonable limits as to length, and make it of general as well as special interest.

107 N. Spring street.

BIOGRAPHY of Eminent American Physicians and Surgeons, illustrated by fine photo-engraved portraits. Edited by R. French Stone, M.D. University of Pennsylvania, 1865. Published at Indianapolis by Carlon & Hollenbeck. This work is to be sold by subscription only. The book is in preparation and the editor expects to have it completed near the close of the present year; and of the first edition there will be from 5000 to 10,000 copies, depending upon the exact number of bona fide subscribers. If the editor succeeds in leaving out the quack and charlatans and places in the work only such physicians as are truly eminent, then he will have succeeded in producing something really valuable. In his undertaking the editor has the best wishes of the SOUTHERN CALIFORNIA PRACTITIONER.

Selected.

*NASAL AND NASO-PHARYNGEAL REFLEXES.

BY L. C. OLIN, M.D.,

*Professor of Laryngology and Rhinology in the Medical
College of Indiana.*

The subject of naso-pharyngeal reflexes is not only of great importance to the specialist, but also to the general practitioner, as it enables him to account for, and intelligently treat, many of these distressing cases.

To have a true reflex phenomenon, we must have an irritation produced in a sensitive nerve connected with a nerve centre or the spinal cord, and this in turn must be connected with a motor fibre joined to a motor organ, which may be located in an entirely different organ or part from that in which the irritation is produced, as migraine from indigestion or uterine irritation, etc., which may result in a pathological lesion or a train of morbid symptoms.

In no part of the body do we find the reflex tendency so great as in the naso-pharyngeal and respiratory regions. Hence we should not be surprised to find the nose a frequent source of reflex phenomena.

The first to call attention to nasal reflexes was Voltolin, who describes a case of spasmodic asthma, due to a nasal polypus, which was cured by the removal of the growth.

All writers on this subject now recognize the importance of investigating the condition of the nasal membranes in these diseases.

In 1886 Bosworth published a paper in which he argued that the prominent predisposing cause of nearly all cases of hay fever was due to obstructive lesions of the nose, in this way giving rise to vascular dilatation behind the point of obstruction, thus rendering the parts more susceptible to the action of irritating influences; and this, in fact, may, or does, account for many of the reflex phenomena that are met with, such as supra-orbital neuralgia, hay fever, asthma, some eye reflexes, chronic laryngitis, etc.

Bosworth further showed in that paper that three conditions are necessary for the production of hay fever or asthma, as they differ only in that one is vaso-motor rhinitis and the other vaso-motor bronchitis. These conditions are: (1) an obstructive

*Cincinnati Lancet-Clinic, January 23, 1892.

lesion in the nose ; (2) a neurotic habit ; (3) contact of some external irritating substance.

Sir Morell Mackenzie, in his work, recognizes the fact that in a great majority, if not all, cases of asthma, the mucous membrane of the nose presents evidence of disease.

Objections may be raised that all cases of nasal inflammation do not have asthma. The same may be said of the neurotic habit.

To sum up, there are three essential conditions necessary for the production of an exacerbation of hay fever or asthma : (1) the presence of pollen or some irritating substance in the atmosphere ; (2) a neurotic habit ; (3) a local morbid condition of the mucous membrane. These three conditions are present in all cases, and no individual is liable to an attack in whom one or more of these conditions are absent.

Now, since a large per cent, have obstructive lesions, and all are exposed to the irritating influences of dust and pollen at certain seasons of the year, we must look to the curing or bettering of the conditions of our patients by removing the obstructions and treating the local morbid conditions of the nose and nasopharynx, such as deformed septums, spurs, tumors, hypertrophy of the turbinates and adenoid tissue of the vault and tongue.

MANAGEMENT OF SYPHILIS.

G. Frank Lydston, M.D., in *The Medical Fortnightly* of January, 1892, gives the following conclusions:

1. The cure of syphilis should not be attempted by specific medication alone, but certain general principles of management should be applied.

2. No attempt should be made to destroy the chancre. Irritants should be avoided, and the patient should be assured that there is little or no danger of serious local destruction. The time element and the necessity for caution in diagnosis should be remembered.

3. Treatment should not be begun until a positive diagnosis has been made, excepting in the rare cases where internal treatment may clear up the doubt.

4. There should be little restriction in diet. All forms of liquor and tobacco should be forbidden.

5. The patient should understand that the natural course of syphilis is from eighteen months to two years. The disease cannot be cured in less time, and on the average it requires three years' treatment.

6. He should be informed that mercury, properly used, is absolutely necessary in the majority of cases of syphilis, and that no case is safe without it. Mercury is neither pernicious nor dangerous when properly used.

7. Most of the so-called bad effects of mercury are really cases of syphilis that have not had enough mercury.

8. Hot baths are necessary throughout the entire course of treatment; Turkish baths if they can be had, plain hot baths if they cannot.

9. The Hot Springs are not necessary in the management of syphilis. They may be of assistance in rare cases, but do not shorten the duration of syphilis a single day, nor can they be depended on for a cure. They never lessen the necessity for medical treatment.

10. Lesions in syphilitic patients, or those who have once had syphilis, should be diagnosed and treated upon their merits. "Once syphilitic, everything syphilis," is fallacious reasoning. Patients formerly syphilitic may have non-specific lesions, as may anyone else.

11. The laity should be given to understand that syphilis, properly treated, is not only not incurable, but is the most curable of diseases; providing it be given the same chance for a cure as is given other diseases of equal importance. This means steady and uninterrupted treatment for many months.

I have not touched upon the question of matrimony for syphilitics, and shall not expatiate upon it here. I will simply state that I am in the habit of saying to my patients, "Marry under three years from the date of infection, or, regardless of time, within eighteen months after the last vestige of the disease has disappeared, and you assume unwarrantable risks." For the man who has not been thoroughly treated during at least three years, I can only say, "There is always danger; the elements of safety are not in you."

WE have received from the McArthur Hypophosphite Company an exceedingly neat calendar for the year eighteen hundred and ninety-two. The company have sent these to the profession generally, but if any of our readers have failed to receive one it will be promptly forwarded upon writing to the company.

Location for a physician. Address George S. Eveleth, M.D. Glendale, Cal.

Southern California Practitioner.

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Editor and Publisher Southern California Practitioner,

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

The annual meeting of the above Society will be held in Union Hall, Post street, San Francisco, from April 19 to 23, when it is hoped that the profession will be largely represented. The Committee on Arrangements has obtained a reduction of 33 per cent on round-trip tickets, to those attending the meeting who travel over the Southern Pacific system; and this applies not only to members but to their families and to any regular medical man attending the meeting. These re'ate certificates will be distributed to members early in March, and others may obtain them from Dr. Chas. C. Wadsworth, 606 Sutter street, San Francisco. The social features, which during the last two meetings have proved so enjoyable, will again form part of the programme. Applications for membership must be sent to Dr. J. H. Wythe, Oakland, Chairman of the Board of Censors, accompanied by a fee of seven (\$7) dollars.

RAINFALL IN LOS ANGELES.

The following figures are compiled from the reports of the United States Signal Service in Los Angeles for the past thirteen years. It will be noted that the average rainfall for a season in Los Angeles is 17.59 inches. Mr. Hugh D. Vail, a volunteer observer in Santa Barbara, reports an average fall of 19.96 during the same seasons. From these figures it does not appear that our rainfall is increasing, but the quantity does seem to be less variable:

Season.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.	For the Season.
1878	...	...	...	0.14	...	4.70	3.59	0.97	0.47	1.19	0.24	0.03	11.33
1879	...	...	...	0.63	3.44	6.53	1.33	1.56	1.45	5.06	0.04	...	20.34
1880	...	...	...	0.14	0.67	8.40	1.43	0.36	1.66	0.46	0.01	...	13.13
1881	T	T	...	0.82	0.27	0.50	1.01	2.66	2.66	1.83	0.63	T	10.40
1882	...	T	T	0.05	1.82	0.08	1.62	3.47	2.87	0.15	2.02	0.03	12.11
1883	...	...	...	1.43	...	2.56	3.15	13.37	12.36	3.58	0.39	1.39	38.23
1884	T	...	...	0.39	1.07	4.65	1.05	0.01	0.01	2.01	1.16	T	9.29
1885	0.02	0.02	T	0.05	0.30	5.55	1.65	7.78	1.41	2.52	3.32	0.01	22.70
1886	T	T	...	0.05	0.30	5.55	1.65	7.78	1.41	2.52	3.32	0.01	22.70
1887	0.27	0.21	1.11	0.02	1.18	0.26	0.20	0.25	0.29	2.36	0.20	0.07	14.42
1888	0.07	T	0.18	0.17	0.80	2.68	6.04	0.80	3.17	0.12	0.05	0.01	14.09
1889	0.04	0.10	0.03	0.40	4.02	6.26	0.25	0.92	6.48	0.27	0.05	0.01	19.43
1890	T	0.62	...	1.96	1.35	15.80	7.83	1.36	0.66	0.22	0.03	0.02	29.85
1891	...	0.03	0.06	0.03	0.13	2.32	0.25	8.56	0.41	1.26	0.31	...	13.36
Mean	0.03	0.07	0.03	0.52	1.56	4.34	2.73	3.44	2.69	1.68	0.36	0.13	17.59

EDITORIAL NOTES.

DR. DAVID W. CHEEVER, Professor of Surgery at Harvard, spent a few days in Southern California recently.

THE National Medical Review is the name of a new medical journal edited by Dr. Chas. H. Stowell and published at Washington, D. C. It is a very neat and readable monthly. It differs from the usual run, in that the editor cuts down articles from other journals and publishes only the substance. It deserves a future.

THE Students of Rush Medical College are the first students to publish a medical journal. It is called The Corpuscle, and there are published in it editorials, some original articles, college and alumni notes, but principally notes of clinics and lectures. It is indeed a very creditable production, and the alumni of Rush should give it their support.

DR. W. V. WHITMORE, who graduated from the College of Medicine of the University of Southern California in 1889 and who has been practicing at Wilmington, has removed to Fullerton, a larger field. The people of that section are to be congratulated upon securing the services of so able and conscientious a practitioner, and the PRACTITIONER wishes the Doctor every success in his new field.

WE have upon our table the International Medical Magazine, a monthly devoted to medical and surgical science. It is edited by Judson Daland, M.D., and published by J. B. Lippincott Company. Each number will contain more than 100 pages. It is subdivided into the following departments: Therapeutics, Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Orthopædics, Gynecology and Obstetrics, Ophthalmology, Laryngology and Rhinology, Dermatology, Pathology, Hygiene and Bacteriology, and Forensic Medicine; each in charge of a specialist. It will also contain original articles and clinical lectures. If succeeding numbers come up to the standard set by Number 1, the undertaking will be a grand success: in fact, it will be second to none. Single numbers cost 35 cents, yearly subscription \$4.00.

NEW BUILDINGS FOR THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

The Board of Trustees and the Faculty of the Jefferson Medical College have just completed the purchase of two large lots on Broad street, giving them a frontage of about 300 feet and a depth of 150 feet, upon which they will proceed to erect at once a handsome hospital, lecture hall and laboratory building. The estimated cost of the building is \$500,000. The hospital will be built

not only as a suitable building in which to care for the sick and injured, but also will be provided with a large amphitheatre for clinical lectures. The basement of the hospital will be given over to the various dispensaries, each of which will be provided with the large waiting and physicians' rooms as well as rooms for direct teaching of the students. The buildings will be absolutely fire-proof and provided with patent sprinklers in case their contents catch fire. By the erection of three commodious buildings the laboratories, where delicate work with the microscope or apparatus is carried on, will be separated from the college hall where didactic lectures are given, and so will be free from any jarring produced by the movement of large classes. With the hospital on one side affording clinical facilities, and the laboratory on the other side of the college for scientific research and training, the college will be most favorably situated for giving thorough instruction in medicine. Further than this, immediately across the street is the Howard Hospital, and on the adjoining corner the Ridgway Branch of the Philadelphia Library, which contains all the scientific works belonging to this wealthy corporation. The new site is even more favorably situated in regard to the centre of the city than the old one at Tenth and Sansom streets. The move has been made necessary by the large number of students who are now being instructed in this institution, and because the Faculty desire to keep the school and hospital in the foremost rank of medical education in this country.

The buildings will be ready for occupancy in the session of 1893-94.

CORRESPONDENCE.

THE UNIVERSITIES AND THE STUDY OF MEDICINE IN ITALY.

DEAR DOCTOR:—The universities of Italy, we know, were once the centers of medicine of the world. In the fifteenth, sixteenth and seventeenth centuries, Italy was still dictating to other nations, the last word in medicine and surgery. With the unfavorable conditions in Italy, during the last century, medicine seemed to have remained in a latent state while the other nations were making great progress. And it is only a few years ago that, with the unity of Italy, a new impulse was given the science, especially medicine, and Italy is being made a new nation: the universities were, we may say, renewed, and she has been rising like the "phoenix from its ashes."

The universities today, it seems to me, have nothing to envy in the others of Europe: they are keeping pace with them all; up to

the latest theories that have been evolved, and doing hard and united work, which is gradually making itself known and will give Italy the honorable position which it once held.

The large number of universities in Italy is quite a drawback. The smaller universities which have a small number of students, in small cities, cannot be given all the conveniences which the larger cities enjoy. Besides, the expenses in keeping these secondary universities, as it were, is a reduction from the amount which should be given the primary ones. The universities are twenty-two in number. A doing away with half of these, with the conservation of the primary universities which are at Naples, Turin, Rome, Bologna, Pavia, Genoa, Padua and Pisa, is a good idea, and, in fact, it is the question of the day. Fewer universities—especially in Italy, where one in a few hours can go from one city to the other—kept in the larger centers with all the means and conveniences for the cultivation of the sciences; the students of all the other universities concentrated in those nine or ten primary universities, thus having a larger number of clinics and the *elite* of the profession; is what Italy today wants, and I think will, with time, succeed in obtaining. The objection to the reduction in number of the smaller universities, is brought up by the inhabitants themselves of the city in which the university is found: as it would be a great drawback to the city itself, being, for the most part, kept alive by the students from the neighboring quarters who yearly spend much money there for board and lodging.

The course of medicine in Italy is six years, and the certificates of the gymnasium and lyceum are indispensable for entering the university. The studies are so divided that you have such an amount of work yearly, and you are not allowed to deviate from this or in any way diminish the number of years, by examinations of other years in advance.

The division of studies is as follows:

First Year—Botany, Zoology, Chemistry, Physics, Comparative Anatomy.

Second Year—Normal Anatomy, Histology, Physiology, General Pathology.

Third Year—Normal Anatomy, Physiology, General Pathology, Histology.

Fourth Year—Propedeutical Medical Clinic, Propedeutical Surgical Clinic, Special Medical Pathology, Materia Medica, Pathological Anatomy.

Fifth Year—Pathological Anatomy, Operative Medicine, Topographical Anatomy, Ophthalmology, Hygiene, Medical Clinic.

Sixth Year—Medical Clinic, Surgical Clinic, Obstetrico-gyne-

cological Clinic, Dermo-syphilopathic Clinic, Legal Medicine and Psychiatric Clinic.

Free Courses—Obstetrics and Gynecology, Diseases of Nervous System, Bacteriology, Diseases of Children, Clinical Microscopy, etc.

The number of studies is the same for all the universities, but each university may somewhat vary the order of studies; that is to say, may have different studies in the same year as the above named, which are those from the University of Turin.

It is only in the fourth year that you approach the sick person; where, with the help of the assistants, the anamnesis is daily made, and the complete examination of the patient, the professor then presenting the case to the class. In surgery the same thing is done, the same method of operation is pursued in its year. In pathological anatomy, there are two students called to make an autopsy, each before the class, the professor afterwards explaining the specimens more minutely and advancing the latest theories. As this takes place almost every day at the end of the year every student has made six or seven autopsies. At the obstetrical institute ten students are alphabetically called to be present night and day for two weeks, take the histories of the cases, explorations, and do the smaller operations. The severest antisepsis is observed in this clinic. The students being for this length of time kept in the institute, at the laparotomies and Cæsarean sections there is a guarantee that he has not been in any other hospital or approached any anatomical institute.

Great importance is given in Italy to hygiene as the medicine of the future, and it is the severest examination to undergo.

In operative medicine, two students have every week a cadaver at their disposition, where with the professor and assistants they exercise themselves in this important branch of surgery. In the last year, it is all clinical work: the students themselves have to diagnose the cases and give the treatment, whilst the professor in daily lectures advances the latest theories and treatment of the cases.

The examinations are held twice yearly, in July and October; the students failing in the summer month are given another chance in October. Each examination is passed under the "commissione," which is composed of three professors, each one giving his vote, the average of the three necessary to pass being eighteen, and thirty the maximum.

After all the special examinations there is the "esame d'Laurea," or examination for the degree in which for an hour and a half you must sustain a thesis before the faculty, which must be as original

as possible. Of course it is very difficult for the average student, except he who has devoted some years in some laboratory or hospital, to have an original thesis, outside of certain observations of cases, and so it has been decided by the faculty that each student, besides the thesis, should be prepared in seven debatable subjects. The question of the "thesis" is by no means a test of the knowledge of the student, and every year the association of students makes a petition to have it abolished, and, I think, will in a few years succeed.

The universities in Italy are all under the government, hence the number of studies and the course of six years is the same for all. But there is an abuse, as it were, taking place in some universities, and to which the Parliament must very soon attend, especially receiving the impulse on account of the trouble last month by the students of Turin. All the universities being alike, all should exercise the same degree of severity in the examinations, which is not the fact, and many a student profits by this. An examination in any special study undergone in one university is, naturally, being all alike, recognized in any other in the kingdom. A student, for example, of Pavia or Turin, which have the names of being, and, in fact, are, the severest in Italy (and I say this not because I am a graduate of these, but because it is the *sancta veritas*), may go to any other university where he knows that such and such an examination is easy to undergo, and then return to Turin to continue his studies and obtain his degree. I do not mean to say by this that the method of instruction or the studies are, in any way, inferior in the smaller universities. The student desirous of learning has the opportunity to do so, but as a general rule, when he knows that such and such a commission of professors is of the "*manica larga*" (broad sleeve), that is to say not so severe, he does not take the pains (headache?) to be well up in that special matter.

The professors in Italy are elected for life. They are mostly all acquainted with the languages and methods of instruction of other countries, having pursued special studies abroad. Many are already renowned, and others gradually obtaining world-wide reputation. Naples has Cartani, Semmola, Moriseni; Rome is proud of Bacelli and Durando, Pavia of Golgi, Curri, Sangolli; and Bottini, who does honor to himself and to Italy, worthy successor of Porta and Scarpa. Marogliano and Coselli are in Genoa, and Murri, Calori and Navaro are professors at the university of Bologna. Padua has Inverardi and Bassini, and the high standard of Turin is kept up by Bizzozzero, Foa, Lombroso, Mosso, Bozzolo and Giacomini, who now lectures where once Rolando taught.

In comparison with the universities in Europe, I say again, the Italian universities are not inferior, and the curriculum of studies is as complete as anywhere else. It seems to me that the smaller universities not in the very large centers are those where the student, not already a practicing physician, observes diligently, studies well, slowly but surely. The great centers, as Berlin, Vienna and Paris, I think, are places for the already practicing physician. They are centers for those who wish to devote themselves to special branches: for those who in a short time wish to see a large amount of work, but must already be well up in the matter which they intend to follow; otherwise of less utility.

The "Ferien courses" held here in Berlin, and other large centers, several times a year, are no doubt very good, and are what attract the majority of physicians from other countries. These are not to be had in Italy, not being centers large enough with the necessary material, hence the small number of foreign physicians in that country. Perhaps the question of the language has something to do with it, giving the preference to the German or French language; and above all, I think, it is that the schools of Italy are not known, her literature very little read.

It is not, finally, in the large cities, as Berlin, the center of medicine, where you always see the work best done. It is surprising to see men, authors of medical works, with world-wide reputations, sometimes doing work in much inferior shape to many in villages in other countries, but who like "flowers are left to blush unseen."

Yours respectfully,

A. Z. VALLA, S.B., M.D.

Berlin, February 2, 1892.

NEW LICENTIATES.

At a meeting of the Board of Examiners held February 2, the following-named physicians, were granted certificates to practice in this State.

Avery, Alida C.	San Jose	New England Female Med. Coll., Mass., March 5, '62
Brodie, John	Winters	McGill Univ., Montreal, Canada, March 28, 1877
Brown, Henry C.	San Jose	Rush Med. Coll., Ill., Feb. 5, 1887
Brown, W. C.	Los Angeles	Rush Med. Coll., Ill., Feb. 25, 1891
Bushnell, George E.	San Francisco	Cooper Med. Coll., Cal., Nov. 1, 1884
Christal, James F.	Santa Cruz	Cooper Med. Coll., Cal., Dec. 4, 1891
Gehring, Gustave Paul	San Francisco	Jefferson Med. Coll., Pa., April 2, 1890
Gilreath, M. A.	Bakersfield	Univ. of Vanderbilt, Tenn., March 1, 1891
Hare, John D.	Fresno	Univ. of Mich., June 26, 1890
Hart, A. C.	College City	Cooper Med. Coll., Cal., Dec. 4, 1891
Hearne, Joseph C.	San Diego	Jefferson Med. Coll., Pa., March 9, 1873
Hopkins, Wm. E.	San Francisco	Univ. of Va., July 3, 1879
		Univ. City of N. Y., March 13, 1880
Hunt, F. N.	Riverside	Mo. Med. Coll., St. Louis, Mo., March 4, 1884
Husted, Singleton	San Jose	Coll. Phys. and Surg., N. Y., Feb. 28, 1879
Keeler, George D.	Los Angeles	Toledo Med. Coll., O., March 12, 1889
Kellogg, Clarence W.	Ventura	Cooper Med. Coll., Cal., Dec. 4, 1891
McKay, John G.	San Francisco	Med. Dept. Harvard Univ., Mass., March 10, 1869
Neal, J. G.	San Francisco	Ky. School of Med., June 30, 1890
Sage, Wilfred H.	Mayfield	Med. Dept. Univ. Buffalo, N. Y., Feb. 25, 1879
Selbert, Franklin M.	Riverside	Med. Dept. Wooster Univ., O., July 29, 1891
Sill, Henry Clay	Visalia	Pa. Med. Coll., March 6, 1881
Steltzner, E. J. C.	San Francisco	State B'd of Examiners, Dresden, Germany, July 2, '90

CHAS. C. WADSWORTH, Secretary.

SOCIETY REPORTS.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

The last regular February meeting was called to order February 19, with Dr. Geo. L. Cole in the chair.

Dr. Bryant exhibited cystic kidneys removed at post-mortem from a patient of Dr. Francis L. Haynes—Mrs. C., matron of Reform School; patient had been treated for cancer of stomach, only symptom being vomiting and extreme irritability of the stomach. Examination of the urine had revealed nothing. The kidneys weighed $7\frac{1}{2}$ pounds. Dr. M. L. Moore had had a case of dislocated kidney where the symptoms were referable to stomach.

Dr. M. L. Moore reported a case of perityphilitis. M., aged 35, engineer, taken sick with chill, nausea, vomiting constantly for sixty hours, slight pain in right side, mostly around umbilicus and stomach. Was treated for inflammation of the stomach, and peritonitis. During this time he had been sick at Bakersfield. He was brought home on the tenth day with a temperature of 101° , emaciated, having lost thirty pounds. The tenderness increased toward iliac region, bunch the size of fist above the pubes. The question was, what to do? Decided to wait. Patient suffered some pain, diarrhoea, and frequent urination. Gave capsule of opium, pepsin and carbolic acid to control irritation of bowel, and hot applications to the groin; tumor became less sensitive, temperature normal, patient feeling well; when at stool 4 a. m., sudden pain—discharged teacupful of pus; fluctuation had not been detected. Most operators recommend operating at once: as we do not know when pus sac may rupture and discharge into peritoneum, or if not will be subject to recurring attacks. This is the rational plan of treatment, but think I'd rather take my chances with conservative method; the local physicians say they have seen many cases recover without operation. If you open the abdomen and grope for pus sac, you may rupture it and thus increase the danger. Cases are very different; one was very simple, like opening an abscess; in another, the vermiform appendix was felt adherent to right side. The theory is to remove, but this is not always easy to do. I saw Prof. Parkes operate on an engineer where he found nothing but adhesions, which he separated and then closed the abdomen. I asked if these raw surfaces would not re-unite. He said it was all that could be done, as it was impossible to remove the appendix. In my case, after the rupture, the tumor disappeared. In a week, he came to my office; I advised him to keep still, but he went to a ball and three days ago he came into office with leg drawn up; evidently more trouble, and may yet be obliged to operate.

Dr. H. Bert. Ellis: Every case is a law unto itself. Diagnosis is not always an easy matter; unless typical, it may resemble enteric fever, cancer of caecum, or intussusception. Conservatism may be carried too far in these cases; as a rule physicians lean in that direction, while surgeons are for operating at once. The history of these cases is, that if they be not operated upon, and they do not die there are one or more recurrences of the trouble. In these days of antiseptic surgery, the exploratory incision appears to me to give the patient the best chance.

Dr. T. J. McCoy: Have had one case with similar history—man, aged 30, pain in right iliac region showing localized inflammation, persistent vomiting. After consultation with Dr. Reamy of Cincinnati, we deferred operation, treated symptomatically, and patient recovered. I think it advisable to wait, as we do not know just where to make incision early.

Dr. Geo. L. Cole: After I came in, while waiting, I noticed in a St. Louis journal a report of five cases of recovery without operation: in one, three surgeons thought it inadvisable to operate; the patient was then treated in hospital by expectant plan, and recovered. In this case, temperature was subnormal— $96\frac{1}{2}$. It is some comfort to us, who may not wish to operate, to be upheld by such reports.

Dr. Moore: One point in favor of early operation is the prevention of rupture into intestine, with regurgitation of faeces and gas, or into bladder or peritoneal cavity; pus may burrow through pelvis and open into rectum.

* *

The first regular March meeting of the Society was called to order by the President, Dr. W. W. Hitchcock, on the 4th, at 7:45 p. m.

Dr. J. H. Davisson read a paper on some cases of contagious diseases of children. He said: When Dr. Hitchcock spoke to me about writing a paper for this meeting of the Society, I told him it was impossible; but on his insisting, I agreed to merely report some cases of contagious diseases of children. I desire especially to mention some peculiar features that I have noticed in chicken-pox, measles and scarlet fever. When we have all of these we are almost sure to have small-pox.

Scarlet Fever.—I have had several cases that were peculiar in that they had the usual rise of temperature, redness of throat and tongue, gastric irritation, and one case where the eruption was delayed eleven days. Later baby in the same family, eleven months old, took sick. It did not have the ordinary punctated blush, ears both gathered and suffered considerable from pruritus; in fact it was the most serious case I have seen in this city. Eruption

tion appeared on the sixth day. I have seen more irregular cases than typical.

Measles.—Also irregular. The patients would seem to improve until the eruption appeared. Strange to say, I have had a case where there were several forms of eruption, one after another. First, discrete; second, papular; third, pustular; fourth, large blebs nearly all over body, which would hold half an ounce of fluid: when broken they leave the skin red and irritated. This patient had rapid pulse, high temperature and puffiness under the eyes.

Diphtheria.—Slowness in development of the characteristic pseudo-membrane.

Chicken-pox.—Formerly I prided myself on being able to diagnose eruptive diseases. Had a case that gave history of having had varioloid; next day on visiting my patient found very small papules like small-pox. The papules became umbilicated, and later confluent; soles of the feet as well as palms of the hands covered with eruption; extreme pruritus. This patient did not recover for two weeks. While watching this case, a case of straight chicken-pox appeared in the same family. A week later this same patient developed measles. Child had characteristic eruptions of chicken-pox and measles at the same time.

Dr. F. T. Bicknell: I have seen but few cases of contagious diseases in late years. In fact never saw the distinctive stages of eruption, but have noticed its late appearance in some cases.

Dr. E. A. Follansbee: I have been much interested in the report. I have had two cases of scarlet fever where the eruption was delayed—one five days, the other six days. I would like to inquire if there were any nasal symptoms in the cases of diphtheria?

Dr. O. D. FitzGerald: Two years ago I had two cases of chicken-pox followed by pemphigus, and they still continue to produce at times two or three crops in twenty-four hours. Some of the blebs were larger than a walnut.

Dr. W. L. Wade: I do not believe in sporadic cases of eruptive diseases, but had a case two weeks ago where the patient had had no communication with anyone for at least two weeks, when the child was taken sick with chicken-pox.

Dr. Wm. Dodge: I had a case where I had about decided it was not diphtheria, but it was finally the worst case I ever saw with recovery. Dr. Kuster examined the membrane and found Klebs-Löffler bacilli. I want to ask if any of the members think that asthma is contagious? In our home we have a lady living that has suffered for several years from asthma. She is with our little girl and boy more or less every day; of late the little boy has had asthmatic attacks simultaneously with this lady.

Dr. J. H. Utley: It might be barely possible that the asthma may be temporary imitation, as it is not caused by microbes. When watching a case we instinctively simulate the breathing. In speaking of several diseases at the same time, I had patient which had severe hemorrhages from the conjunctiva and nose from the paroxysm of whooping cough, which would last from fifteen to twenty minutes, followed by prostration with terrible headache. Nitrate of amyl and antipyrine, five grains every three hours, would afford some relief. Eruptive fevers are much milder in this climate than they are in the East.

Dr. Jos. Kurtz: I see no reason why microbes should not be as prolific in this glorious climate as the seeds which develop several crops a year on the same soil. I attended a case of scarlet fever which had a few diphtheritic spots on throat; patient died. On visiting the second day a second child developed scarlet fever, and later a third child had very severe attack of diphtheria or scarlet fever without eruption.

Dr. W. W. Hitchcock: Some of the physicians who have the largest practices refuse to take the eruptive diseases, but I do not think there has been a month since I have been in this city that I have not seen either a case of diphtheria or scarlet fever.

Dr. J. H. Davisson: In contagious troubles I think the mortality is very light: with the exception of diphtheria, which is heavy in Southern California.

Dr. O. D. FitzGerald: It is my opinion that the mortality of diphtheria is no higher here in Southern California than in the East. I think that not more than half of the cases are reported, and that the other half are on the streets.

Dr. Jos. Kurtz: I do not think there are any sporadic cases of eruptive diseases. All are caused by infection: I think often by money, stamps, and many ways that the people do not think of.

Dr. J. H. Davisson: As a member of the Board of Health I think most of the contagious diseases are reported.

Dr. W. L. Wade: I think the period of quarantine of scarlet fever is too long. Twenty days will make them as non-infectious as they ever will be.

Dr. W. W. Hitchcock: When the period of quarantine is so long and there are other children in the family, where there is a contagious disease, they are kept out of school just as long; and I do not wonder that the physicians are prevailed upon to be very guarded about the diagnosis of diphtheria.

CLINICAL SOCIETY OF MARYLAND.

The 261st regular meeting of the Society was called to order by the President, Dr. Robert W. Johnson.

Dr. W. B. Platt read a paper on "Free Dispensaries, or the Physician and the Poor." Dr. Platt in his dispensary work adopts, as nearly as possible, the following plan: Inhabitants of certain squalid alleys well known to him are treated without question. The destitute and forlorn, whose aspect is unmistakable to one having dealings with the poor, come in first of all for treatment. Mechanics, artisans or laborers, out of work and out of money, and the poor families of drunken and worthless men, are all entitled to free treatment. Adults who have to pay for their board and lodging out of wages less than \$5 per week are treated free. House servants earning \$10 and \$12 per month can and do pay physicians for advice.

Dr. I. E. Atkinson said: This subject, as Dr. Platt has pointed out, bears upon the patients, the physicians in attendance, and the profession at large. The abuse of dispensaries is a world-wide complaint, and the difficulties that stand in the way of correcting them are almost insuperable. In the first place, the presence of a person at the dispensary is a confession of poverty; and when questioned in regard to their financial condition, nearly every patient is prepared to say that he is unable to pay the fees of a physician. Occasionally one encounters patients who, when questioned, avow their ability to pay, and are properly excluded. I think that the evils of dispensary service are more apt to be developed in dispensaries other than those in which patients are used for clinical purposes. The presentation before a class of students is, to persons who are not degraded, a very disagreeable procedure: and they will refuse to come again unless compelled by necessity.

What kind of patients are entitled to relief? Every one admits that the pauper is a proper person. There is not so much unanimity of opinion with regard to the relief of those persons who are brought to that condition by their own vices. Never mind what his faults, nor what his vices, nor how utterly beyond the pale of ordinary sympathy he is, as soon as he is sick he becomes a worthy object of charity. In this way medical charity differs from almost every other kind of charity. Dr. Platt mentions another class that especially appeals to my sympathy, viz.: the wage-earner who makes \$10 per month. As to whether or not he shall pay, depends entirely upon how much he is called upon to pay. A fee of \$1.00 would be 10 per cent of his income for the

month, and his medicine would cost perhaps 5 per cent more. It may be that he should not be the beneficiary of a free dispensary, but of a provident dispensary; the absence of which in Baltimore I very much regret. I further believe that the man who earns \$1.00 or \$1.50 per day and supports his family is entitled to a modified relief. This man, by careful economy, is able to keep his family alive, but he cannot support them in comfort. Just as soon as a member of his family falls sick, his expenditures are enormously increased while his income remains the same or is diminished. If he himself falls sick, the income stops while expenses increase. I think that one of the great needs is that modified form of charity which we recognize as a provident dispensary. This idea of a provident dispensary is not a new one. The individual pays into it so much per month, and his membership entitles him to receive the services of good, intelligent physicians, who are properly paid for their services by the association, and gets his medicines at a reduced rate. Membership in the dispensary is only granted to those who receive a certain maximum of wages. Such dispensaries have been in existence in England for fifty years, yet the number is small. The justice of them, the propriety of them and the benefits to be derived from them are so manifest that it is difficult to understand why it is that such a limited popularity should be accorded to them.

That there is dreadful abuse in dispensary practice I am convinced, but that the abuse is not altogether on the part of the patients I am also convinced. There are few ordinary day laborers who feel able to pay the full fees of physicians and the prices of the pharmacist. Some do it from pride, some from principle, and some they know not why. But in case of continued sickness it is absolutely impossible for them to pay physicians' fees, and they are forced into incurring debts which they know they cannot pay. I am an advocate of that form of relief which shall not pauperize the individual, but will enable him to secure for himself and family proper professional advice and necessary medicines without too great a strain on his purse.

Dr. Platt: I think Dr. Atkinson's point in regard to there being less abuse in dispensaries where patients are used for clinical material, is well taken; and yet the great howl that has gone up recently has been on account of a dispensary which is used almost exclusively for purposes of instruction. I think there are many persons who are perfectly shameless about getting charity. There is generally a look about a person who lives poorly and miserably that enables you to spot them as quickly as you can tell a wharf rat from a common one. They have poverty written all over

them. There is a middle class, whose earnings are not much, yet who have deposits in the savings bank and ought to pay. There are physicians who would make a reasonable number of visits at half price, and they can get reduced rates at the pharmacist's. As to having patients pay at a dispensary, that has been tried. The only thing that has not been tried thoroughly is to carefully investigate each patient by a visit to his home. I have had people come to me at the dispensary, who owned houses and had bank accounts; others with a large number of children all receiving good salaries.

I think the key to the whole matter is to look up each individual and see whether or not he can pay. I think there are very few physicians in this room who charge all persons alike. If a patient cannot pay my full fee I treat him for less.

Dr. Herbert Harlan: I have had experience with different dispensaries ever since my student days. I believe that at the dispensary of the Maryland University, where patients are used for clinical purposes, there is very little imposition. It may be on account of the large class of students, for the tendency of people is not to go before a class of students. I have known a good many patients to go to that dispensary on other days of the week and to absent themselves on the days of the clinic. There is, however, quite a large class of people who like to hear their case discussed. The Baltimore General Dispensary is not imposed on much, because the physicians visit the patients' houses and see whether they can pay or not. The great abuse is undoubtedly in the special dispensaries. We have tried a good many devices to prevent those who ought to pay from receiving services free. One was for the physicians to question them as to their ability to pay. Sometimes they answer yes, sometimes no. Some say they can pay, but others who can pay are treated free. Here is the point that I want especially to raise here: At a special dispensary it is a daily occurrence for patients to say, "Dr. So-and-so, my family physician, sent me here to have my case treated." Physicians themselves are not as particular about these things as they might be. We ask such people if they pay their family physicians, and they reply, "certainly we do." Then we refuse to treat them. We have tried in another way to prevent abuse, viz.: by having a clergyman, who is regularly employed for the purpose, to go about the waiting room and question the patients and act as judge as to who shall or shall not be treated. This, I think is a move in the right direction. We are indebted to Dr. Platt for calling our attention to this matter, and we ought all to make an effort to do away with the abuses.

Dr. I. E. Atkinson: The physician who charges but small fees knows that in many cases his patient cannot pay the fees of a special practitioner. I frequently have had patients, who pay me, go to a special dispensary. They do not ask my opinion about it. They say they cannot pay specialists' fees. I think the standard in regard to this class of patients should be a little different from that of the class going to the general dispensaries.

Dr. J. Edwin Michael read "A Report of Eight Additional Cases of External Perineal Urethrotomy Without a Guide," these cases being in addition to nine cases already reported by him in the spring of 1887.

Dr. Platt thought that, considering the difficult nature of the operation, the success of Dr. Michael was astonishing and very unusual.

Dr. Robert W. Johnson spoke on "A Convenient and Comprehensive Method of Instrument Disinfection," and exhibited the apparatus which he devised and uses. Dr. Johnson boils everything except himself, his patient and the rubber tissue. He boils ligatures, instruments, needles, gauze, etc., and also the trays which hold them. The boiler is a plain tin one, large enough to accommodate the trays, with spigot attached near the bottom. A nest of elongated trays of granite-ware is found most convenient. Before leaving his office he goes over the instruments that will be required and puts them in a tray. The dressings to be used are put in another tray, and so on; and finally the trays are built up one upon another and all are put into the boiler, which is put in the back of the wagon. At the patient's house the boiler is filled up with boiling water, put upon the stove and boiled for twenty to thirty minutes, while the patient is being prepared for operation. When ready for operation, the trays are lifted out by means of sterilized button-hooks. The boiler is put in an elevated position, a rubber tube attached to the spigot, and the boiled water is used for irrigation. It makes no difference whether knives or dressings touch the sides of the trays, for they are quite aseptic.

Dr. Herbert Harlan asked what means were taken to prevent the rusting of instruments in boiling. He had noticed the curious phenomenon that the steel blades of a set of knives with aluminum handles rusted more readily than those of knives with ivory handles.

Dr. Chunn asked Dr. Johnson's method of preparing his hands for operation.

Dr. Johnson: By adding a slight amount of bicarbonate of soda

to the water, rusting of instruments is prevented. I sometimes use bichloride on my hands, and sometimes potassium permanganate, cleaning it off with oxalic acid. The latter is probably the best method.

Baltimore, February 5, 1892.

BOOK REVIEWS.

TREATISE ON GYNECOLOGY, MEDICAL AND SURGICAL. By S. PIOZZI, M.D., Professeur Agrégé à la Faculté de Médecine, Chirurgien de l'Hôpital Lourcine-Pascal, Paris; Honorary Fellow of the American Gynecological Society. Translated from the French edition under the supervision of, and with additions by, BROOKS H. WELLS, M.D., Lecturer on Gynecology at the New York Polyclinic; Fellow of the New York Obstetrical Society, and the New York Academy of Medicine. Volume I, with 305 wood engravings and six full-page plates in color. New York: William Wood & Co. 1891. Price, \$6.00.

This large, well-printed and thoroughly-illustrated volume gives, at considerable length, an explicit account of the subjects presented; drawn not only from the gynecological literature of France, but also from that of other countries. After a somewhat careful perusal, we cannot say that we have derived any very clear idea of the peculiarities of French thought on gynecology, if, as is doubtless true, such peculiarities exist. An exception to this remark may be made in regard to the wild and wonderful method by which Pëan attacks certain fibromata: a method which may be safe in France but which, it is to be feared, would produce a frightful mortality if applied to the more friable organs of American women. But, as Piozzi significantly remarks, Pëan has nowhere published complete sketches of his results.

On the whole, we do not think this work will prove of much use to the general practitioner. The teacher and specialist will, however, be glad to draw on its fund of varied information.

The additions of Dr. Wells are so judicious and compendious that we could almost wish that Piozzi had employed him to write the entire work.

CONSUMPTION: HOW TO PREVENT IT AND HOW TO LIVE WITH IT. Its nature, its causes, its prevention, and the mode of life, climate, exercise, food, clothing, necessary for its cure. By A. S. DAVIS, Jr., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College, etc., etc.; Author of a Hand-book on Diseases of the Lungs, Heart and Kidneys. Published by F. A. Davis, Philadelphia and London. 1891. Pp. viii to 143. Price, 75c.

This book is designed for the use of the laity. It is free from technical terms, and is written in a style to attract those to be benefitted. Its nine chapters discuss concisely: The Nature of Consumption; Nature's Method of Preventing Infection, and Predisposition; Hygiene of the Consumptive; Treatment for Con-

sumption. More than half of the book is very properly devoted to hygiene. The two chapters on climate are passable compilations, but will bear revision. The inference to be drawn from climatic references is that it is better not to get too far away from Chicago. Southern California receives brief yet favorable mention. The statement is made that "the air of Southern California is bracing and stimulating"; and that "the driest localities are a few miles from the Coast. Los Angeles is the best known." The author locates Asheville in *South* Carolina, and assigns to the climate of that State the desirable attributes of the State in which it is generally believed Asheville belongs. While it is not likely that any Southern Californian will demand an immediate second edition, the North Carolinians will doubtless insist on a speedy restoration of their topography and isotherms. The author does a nasty thing when he lends the weight of his influence to the vulgar word "matterate" for "suppurate."

Barring its few inaccuracies, the book merits commendation; and if it may but reach the class of readers to be helped, it will accomplish much good.

THE CHINESE: THEIR PRESENT AND FUTURE; MEDICAL, POLITICAL AND SOCIAL. By ROBERT COLTMAN, JR., M.D., Surgeon-in-Charge of the Presbyterian Hospital and Dispensary at Teng Chow Fu; Consulting Physician of the American Southern Baptist Mission Society; Examiner in Surgery and Diseases of the Eye for the Shantung Medical Class; Consulting Physician to the English Baptist Missions, &c. Illustrated with fifteen photo-engravings of persons, places, and objects characteristic of China. In one handsome royal octavo volume, 220 pages. Extra cloth, price, \$1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert street.

This chatty book is of interest to us chiefly because the author is a fellow-craftsman. Whoever travels, observes well, and reports in attractive form what he sees, is a benefactor to those who must stay at home. While daringly independent of syntax, and of the restrictive rules of grammar, the writer nevertheless spreads his colors well and paints word pictures that impress. Two classes of readers may profitably examine this book: those who endorse the exclusion act, and those who do not. Medical readers will be especially interested in the chapters on: Dissipations; Diseases Prevalent in China; and, Leprosy. The author believes leprosy to be hereditary in most cases; that it is feebly contagious; that it is inoculable. Many of his patients had syphilis; and in his opinion the previous syphilitic saturation constitutes a favorable soil for the development of leprosy. While, inferentially at least, he accepts the microbic origin of the disease, he yet affirms his belief in leprous atavism—a conclusion for which his data afford insufficient ground. Doubtless the "celebrated Chinese physi-

cians and surgeons" in this country smile widely up their ample sleeves as the hordes of gullible refinement pay two dollars for each cup of centipede tea, when they know the price of service in the flowery kingdom, as stated by our author, to be from five to fifteen cents a visit.

SURGICAL ANATOMY: FOR STUDENTS. By A. MARMADUKE SHIELD, M.B., (Cantab), F.R.C.S., Senior Assistant Surgeon, Aural Surgeon, and Teacher of Operative Surgery, Charing Cross Hospital. Pp. x to 226. New York: D. Appleton & Co. 1891.

In a careful perusal of this book we have been pleased with its exactness of statement, its conciseness, and its freedom from typographical errors: but we have failed, either in preface or text, to discover its *raison d'être*. It is certainly inferior, both in plan and general make-up, to Treve's Surgical Applied Anatomy; and indeed it is not so well adapted for the purpose indicated, as the American edition of Holden's Landmarks.

MICROSCOPICAL DIAGNOSIS OF TUBERCULOSIS. By PAUL PAQUIN, M.D., late Professor of Microscopy, Bacteriology, etc., and Director Laboratory of Pathology, Medical Department Missouri University; Director Laboratory of Hygiene, Battle Creek, Michigan; Editor Bacteriological World, etc., etc. Pp. 48. Published by Little Blue Book Co., Battle Creek, Michigan. Price, 50 cents.

This little brochure is true to name, and is well worth the price asked. The simplicity and fulness of instructions are such that a mere tyro may comprehend and execute them. The formulas for staining are written in grains, drachms and ounces. The whole process of preparation, staining and mounting, as set forth here, may be completed in fifteen minutes.

THE CALIFORNIAN ILLUSTRATED MAGAZINE. Charles Frederick Holder, Editor; Andrew Brown, General Manager. March, 1892.

The Californian Illustrated Magazine for March issues, to meet the demands upon it, 25,000 copies, the largest issue ever made by an illustrated magazine of the first class published west of New York. To meet the reception it has received, the magazine has made a remarkable improvement; the present issue surpassing anything of the kind ever seen in the Western country in make-up and general excellence, showing that a first-class magazine can be produced in the West as well as the East. Among the interesting papers is one on the Famous Crater of Copernicus in the Moon, by Dr. E. S. Holden, Director of Lick Observatory, the second in a series on popular astronomy; the engravings which accompany this are of great interest and works of art, while one cut was taken by the great telescope. John Boner, an editor of the Call, contributes a valuable paper on Alaskan discoveries during 1891, throwing much light on this interesting region; one illustration shows a horse in snowshoes; the situation of the new

Davidson range is here for the first time shown, while the first correct painting ever made of Mt. St. Elias is given as a frontispiece, showing a full view of the highest mountain in North America. Mr. G. L. Waring, of Riverside, describes and illustrates Polo at Santa Monica, with a word of encouragement for this manly game. The Rev. F. J. Masters continues his articles on the Chinese in America, with a paper on the attacks on Americans in China; these papers have attracted wide-spread attention throughout the country, and at this time, when the restriction bill is pending, are of especial interest. The delights of coaching in Southern California are portrayed in a handsomely-illustrated paper by C. F. Holder, Editor of the *Californian*. The usual number of stories, poems, discussions of questions of the day, and illustrated literary review of books of the month, make the issue a notable one. Published in San Francisco.

CALIFORNIA'S MONTHLY WORLD'S FAIR MAGAZINE. Devoted to advancing California's interests at the Columbian Exposition. Authorized official organ California World's Fair Commission. B. Fehnmann, Publisher, Room No. 75, Flood building. Price, \$3.00 per year.

The February number contains articles from R. McMurray, on the proposed mining exhibit; Jas. D. Phelan, on California at the Fair; L. J. Rose, in answer to charges that the Commission is extravagant. Your attention is especially called to the first article, which shows, generally, the magnitude of the work and gives a comparative statement of the expenses of the National Commission, the State of Illinois, the State of Iowa, and also California. There is also a resumé of work done in Chicago up to January 1, the prospectus of the National Board of Lady Managers, and much general information concerning the work of the California Commission.

ANNUAL REPORT OF THE POSTMASTER-GENERAL OF THE UNITED STATES. For the fiscal year ending June 30, 1891. Washington: Government Printing Office. 1891.

The Department is shown, by the report, to have been reorganized, so that the First Assistant has all business details relating especially to the bureaus of salary and allowances and free delivery; the Second Assistant, all inland and ocean transportation business and railway mail; the Third Assistant, stamps and finances, as formerly; and the new officer, the Fourth Assistant, the divisions of appointments, inspection, and bonds. The Postmaster-General says that if he does not now have time to consider large reforms, and present them successfully, it will be his own fault.

REPORT OF WORK OF THE AGRICULTURAL EXPERIMENT STATIONS OF THE UNIVERSITY OF CALIFORNIA. For the year 1890. By E. W. HILGARD, Professor of Agriculture and Director of the Stations. Being a part of the report of the regents of the University. Sacramento: State Office, A. J. Johnson, Superintendent State Printing. 1891.

This report is divided into three sections. Section I is a report and discussion of work in the general agricultural laboratory; Section II is a report on culture work at the several experimental stations; while Section III is a report on economic entomology and insecticides. These reports are of general interest, but of special interest to the ranchers of California.

"HURRY UP."—When the attempt was made to give twice as many illustrations in a monthly magazine as were ever before published, the "know-it-all" people said, "it won't last"; but when the *Cosmopolitan* went even beyond that figure and continued to thrive and grow more popular, the fact became apparent that not only could it be done, but that the reading public appreciated it. So far the success of this brilliant magazine has never been equalled in the history of illustrated monthly literature, and it is daily finding its way into new homes throughout the country. The latest master stroke, in obtaining the services of William Dean Howells as Associate Editor, is the talk of the literary world.

To make the magazine still more popular, its publishers are offering, for almost nothing, a choice of the original editions of the *Memoirs of Generals Grant, Sheridan, Sherman, McClellan and Lee*, if taken in connection with a year's subscription to the *Cosmopolitan Magazine*. If you are not on reading terms with this popular monthly, write to the *Cosmopolitan Publishing Company*, Madison Square, New York, for a free sample copy; then judge for yourself.

MODERN MEDICAMENTS.—A complete list of their standard pharmaceutical preparations and specialties has just been issued by Parke, Davis & Co., handsomely gotten up, with engraved cover and forty engravings of their buildings at Detroit, New York, Kansas City and Walkerville, Ontario, with views of the interior of the laboratories and offices at Detroit. No such complete, comprehensive and well-arranged list of the products of this house has ever before been published. To those who cannot see in person the thorough equipment of this house for the manufacture of the highest class of medicinal preparations, this list will convey some idea of the facilities, organization and system which have contributed to their success. Copies of this list will be mailed all physicians on request.

PAMPHLETS RECEIVED.

- THE A. C. E. MIXTURE.** By J. C. Reeve, M.D., Dayton, Ohio.
- A FEW CORN CURES.** By H. M. Whelpley, Ph.G., M.D. From Notes on New Remedies.
- SULPHURING OR BLEACHING DRIED FRUIT A MISTAKE, IF NOT A CRIME.** By Joel W. Smith, M.D., Charles City, Iowa.
- THE CENTRAL UNIVERSITY OF KENTUCKY, DENTAL DEPARTMENT.** Louisville College of Dentistry, Louisville, Kentucky.
- ELECTRICITY IN CARCINOMA.** By Robert Newman, M.D., New York. Reprinted from *The Times and Register*, October 10, 1891.
- BALD HEADS.** By Albert E. Carrier, M.D., Detroit, Mich. Reprint from *Transactions of Michigan State Medical Society*, 1891.
- THE CENTRAL UNIVERSITY OF KENTUCKY, MEDICAL DEPARTMENT.** Session 1892, Hospital College of Medicine, Louisville, Kentucky.
- TWENTY-THIRD ANNUAL REPORT OF THE PRESIDENT OF THE INEBRIATES' HOME,** Fort Hamilton, N. Y., for the Year 1890. Brooklyn, N. Y. 1891.
- UNIVERSITY OF CALIFORNIA, AGRICULTURAL EXPERIMENT STATION,** Berkeley, Cal. (a) Composition of the Ramle Plant. (b) Fertilizing Value of Greasewood.
- THE ADVANTAGES OF MIXED NARCOSIS IN GYNCEOLOGICAL SURGERY.** By J. C. Reeve, M.D., Dayton, Ohio. Reprint from the *Transactions of the American Gynecological Society*, September, 1891.
- THE POST-PARTUM DOUCHE.** By Edwin Pynchon, M.D. Read before the Chicago Medical Society. Reprinted from the *North American Practitioner*, October, 1891, and from the *Chicago Medical Reporter*, October, 1891.
- AN INTERESTING AND INSTRUCTIVE CASE OF URÆMIA:** combining coma and mania, with marked local toxæmic manifestations. By P. C. Remondino, M.D., San Diego, Cal. Reprint from the *Journal of Nervous and Mental Disease*, October, 1891.
- HOUSE SEWAGE: Its Disposal and Utilization.** A remedy against the pollution of the soil upon which our homes are built; garden vs. cess-pool. By Aug. Mayer, Civil and Sanitary Engineer. Reprint from *Southern California Practitioner*, November, 1891.
- THE STATISTICS AND LESIONS OF FIFTEEN HUNDRED CASES OF REFRACTION.** By George M. Gould, M.D., Ophthalmologist to the Philadelphia Hospital, Philadelphia. Reprinted from the *Journal of the American Medical Association*, September 19, 1891.
- TUMORS OF THE NASO-PHARYNX, PHARYNX, LARYNX AND ESOPHAGUS.** By W. Cheatam, M.D., Louisville, Clinical Lecturer on Diseases of the Eye, Ear, Throat and Nose, University of Louisville. Reprinted from the *New York Medical Journal* for August 15, 1891.
- REPORT OF ONE HUNDRED AND SIXTY CASES TREATED WITH THE PNEUMATIC CABINET.** By Albert Abrams, M.D., San Francisco, Cal. Read before the San Francisco County Medical Society, August 11, 1891. Reprinted from *Pacific Medical Journal*, September, 1891.
- ON DERMATOL, A PROPOSED SUBSTITUTE FOR IODOFORM: Its Use in Surgical Practice.** By Charles A. Poquers, M.D.; Surgeon to the Out-patient Department, New York Hospital; Instructor in Surgery, New York Post-graduate Medical School and Hospital. From the *Medical Record*, October 17, 1891.
- A CLINICAL REPORT OF OPERATIVE SURGERY, in the Service of Dr. William T. Bull at the New York Hospital during October and November, 1889, and from February to June, 1890.** By William B. Coley, M.D. Late House Surgeon. Reprinted from the *New York Medical Journal* for April 18 and 25, and May 2 and 30, June 20 and August 29, 1891.
- A NEW METHOD OF SURGICAL TREATMENT FOR CERTAIN FORMS OF RETRO-DISPLACEMENT OF THE UTERUS WITH ADHESIONS.** By A. Palmer Dudley, M.D., Instructor in Gynecology in the Post-graduate Medical School; Gynecologist to Randall's Island Hospital, etc. Read before the New York State Medical Association. Reprint from the *American Journal of Obstetrics and Diseases of Women and Children*, Volume XXIII, No. 12, 1890.
- EXPERIMENTS AND RESEARCHES OF TRAP-SIPHONAGE, showing the Comparative Merits of the Principal Appliances used for Trap-seal Protection.** By James M. Denton, M.D., Professor of Experimental Mechanics in Stevens Institute of Technology, Hoboken, N. J. Presented at the Eighteenth Annual Meeting of the American Public Health Association, Charleston, S. C., December 16-19, 1890. Reprinted from Volume XVI of the *Transactions of the American Public Health Association*.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

February, 1892.

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes.....	77	14.21	49	28	18	8	28	23	74	1	2
Deaths under 5 years.....	19	1.66									
I. Zymotic diseases.....	9	1.66									
II. Constitutional diseases.....	24	4.43									
III. Local diseases.....	33	6.09									
IV. Developmental diseases.....	4	.74									
V. Accident and violence.....	3	.55									
I. Typhoid fever.....	1		1				1		1		
Typho-malarial fever.....											
Diphtheria.....	2		1	1	1	1			2		
Measles.....	1		1	1	1				1		
Scarlet fever.....	2		2	2	2				2		
Smallpox.....											
Whooping cough.....	1		1	1	1				1		
Croup.....	1		1	1	1				1		
Pyæmia.....											
Septicæmia.....	1		1				1		1		
Diarrhœal } Under 5 years.....											
Diseases } Over 5 years.....											
II. Cancer.....	1		1					1	1		
Scrofula and Tabes-mesenterica.....											
Phthisis pulmonalis.....	13		16	7	1	3	11	8	21		2
Tubercular meningitis.....											
III. Meningitis.....	3		3		3				3		
Apoplexy.....	2		2				2		2		
Convulsions.....											
Diseases of nervous system.....											
Diseases of heart.....	8		7	1		1	3	4	8		
Aneurism.....											
Bronchitis.....	3		1	2	1		1	1	3		
Pneumonia.....	7		4	3	1		4	2	7		
Diseases of respiratory system.....	1		1	1			1		1		
Bright's disease.....	2		1	1				2	2		
Enteritis, gastritis, peritonitis.....	4		2	2	3			1	4		
Diseases of liver.....	2		1	1				2	2		
Diseases of urinary organs.....	1		1	1				1	1		
IV. Puerperal diseases.....											
Inanition and marasmus.....	3		1	2	3				2	1	
General debility and asthenia.....											
Dentition.....	1		1		1				1		
V. Suicide.....	2		2			1	1		2		
Accident and violence.....	1		1			1			1		

Deaths from causes not enumerated in the above list: Rheumatism, 1; Influenza, 1; Hydrocephalus, 1; Simple continued Fever, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

Happy and content is a home with "The Rochester;" a lamp with the light of the morning.
For catalogue, write Rochester Lamp Co. New York.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of February, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	49	52	46	1.22	Mean Barometer, 30.01.
2	53	59	47	.26	Highest barometer, 30.20, date 15.
3	56	64	48	.07	Lowest barometer, 29.69, date 12.
4	50	55	45	.65	Mean Temperature, 54°.
5	49	56	42	.32	MONTHLY RANGE OF BAROMETER:
6	48	52	43	.35	Highest temperature 74°, date 12-22.
7	48	50	38	.04	Lowest temperature 38°, date 7.
8	49	53	45	.16	Greatest daily range of temperature 30°, date 22.
9	54	66	43	.04	Least daily range of temperature 6°, date 1.
10	56	69	42	0	MEAN TEMPERATURE FOR THIS MONTH IN
11	56	70	42	0	1877..... 1882..... 50° 1887..... 52°
12	61	74	48	0	1878..... 55° 1883..... 52° 1888..... 54°
13	56	65	48	0	1879..... 56 1884..... 55 1889..... 56
14	57	61	53	T	1880..... 50 1885..... 57 1890..... 54
15	56	67	44	0	1881..... 58 1886..... 60 1891..... 53
16	59	72	46	0	Mean temperature for this month for 13 years, 54°.
17	56	64	47	0	Total deficiency in temp. during the month, 14°.
18	53	57	49	0	Total excess in temperature since Jan. 1, 98°.
19	54	57	50	.05	Prevailing direction of wind, W.
20	58	64	51	.03	Total movement of wind, 2252 miles.
21	58	66	49	0	Maximum velocity of wind, direction, and date,
22	59	74	44	0	20, E., 6.
23	56	69	44	0	Total Precipitation, 3.19 inches.
24	53	56	50	0	Number of days in which .01 inch or more of
25	58	65	52	T	precipitation fell, 11.
26	55	63	47	0	TOTAL PRECIPITATION FOR THIS MONTH IN
27	57	66	48	0	1878..... 7.68 1883..... 3.47 1888..... 80
28	54	63	44	0	1879..... .97 1884..... 13.37 1889..... .92
29	54	58	49	0	1880..... 1.56 1885..... .01 1890..... 1.36
30	.....	.....	.....	.....	1881..... .36 1886..... 1.41 1891..... 8.56
31	.....	.....	.....	.....	1882..... 2.66 1887..... 9.25

Note—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., FEBRUARY, 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Dirac- tion	Total Mov't
Los Angeles	54.0	74.0	38.0	30.01	80.0	11	3.19	6	10	13	W	2,252
San Diego	55.1	68.0	42.0	30.021	.....	10	2.96	9	7	13	W	3,259
Santa Barbara ...	53.7	71.0	38.5	.....	80.0	9	2.55	4	8	17	E	2,143
Yuma	59.0	84.0	38.0	29.99	57.2	6	.87	18	10	1	N	3,684
Riverside .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; George H. Penrod, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

Our Advertisers.

DYSPEPSIA, WITH NERVOUS DEBILITY.—Invaluable.

R. Fluid Hydrastis.....1 oz.
 Celerina [Rio].....2 oz.

M. Sig.—Teaspoonful before each meal

For the past year or two I have been using Peacock's Bromides with good success, and from my experience find it the most satisfactory of any of that class of preparations now on the market.

LaMonte, Mo.

A. CONWAY, M.D.

INGLUVIN.—W. R. Warner & Co. desire to send to any physician a sample of this remedy wherever they have a patient resisting all other treatment for sickness in gestation, marasmus, cholera infantum, for which it has been found to be almost a specific.

N. A. SACKETT, M.D., Ewing, Nebraska, says: Celerina I have tested in two cases of nervous headache. One case was a man of about 35 years of age, who has been subject to attacks for a number of years as often as every two weeks. I prescribed an ounce in two ounces of port wine, to take a teaspoonful four times a day. He has not had an attack since, although two months have elapsed. The other was a lady of about the same age, who has had similar attacks for the last five years. She has had no recurrence of the trouble since, and moreover she has passed two monthly periods without the usual dysmenorrhea, with which she is afflicted at that period. I shall continue to prescribe it in cases in which it is indicated, and will report more fully in future.

ROSSVILLE, Staten Island, July 16, 1891.

Antikamnia Chemical Co., St. Louis, Mo.:

"RATHER ABANDON MORPHINE."—GENTLEMEN:—After using continuously in my practice eight ounces of Antikamnia, pure and simple, in all the diseases for which you recommend it, I assure you, unsolicited, that it has fulfilled every promise you made. After nearly twenty-five years of hospital and private practice, I would rather abandon morphine than Antikamnia, which I also consider an unequalled febrifuge. Indeed, its antipyretic qualities are wonderful in reducing the temperature. I have never had a patient object to taking the dry powder on the tongue, nor had one complain of feeling the slightest malaise after its administration. I know I am making a sweeping assertion, but you should know the truth so as to be encouraged in your work. Truly,

CALEB LYON, M.D

LA GRIPPE.—It is now some three or four weeks since “la grippe” came, and it is still here. It has presented many and varied peculiarities.

It seems to be a combination of catarrhal fever, plus muscular rheumatism. A cablegram in the daily papers from London is to the effect that the prominent physician, Sir Oscar Jennings, says that la grippe is a “bastard pulmonary rheumatism.” We have ourselves been in the toils of la grippe; and we have evidence in favor of its being not only a bastard, but a dastard, pulmonary, cerebral and universal rheumatism. If there was a single point in our anatomy which was not jumped upon by the aforesaid bastard it would have been difficult to find it.

We were sure that Mallock’s problem—“Is life worth living?”—was solved in the negative. Our spinal cord made frantic efforts to climb up through its immediate environment and clasp hands with the Pacchionian bodies in the most lofty territory of the cerebrum. The sciatic nerve seemed anxious to bathe its fevered brow in the secretion of the fourth ventricle. We were in doubt whether we would die or go crazy; and we did not care which. Ye gods! talk about the pangs of the damned! No single soul will ever reach Hades, or the country immediately adjacent thereto, which will suffer a tithe of what we did the first night la grippe struck us.

We received the greatest relief from ten-grain doses of acetanilid, every hour until thirty grains were taken, then in smaller doses continued thereafter at intervals sufficient to command the pain. Accompanying this drug with Liq.-Tong.-Sal., or Tongaline (Mellier), as a stimulator of the excretory organs and an anti-rheumatic remedy as well, we in due time progressed to convalescence. Our individual experience has been of service in the treatment of well on to one hundred cases since: wherein the same remedies, modified according to the conditions, were used. We are sure that our patients were indirectly benefitted by our own attack, for the reason that we felt a deeper sympathy for them and a greater anxiety to relieve them.

We feel wedded, not to la grippe, but to the remedies mentioned for its relief. We believe the sheet anchor of treatment to be the following formula:

Acetanilid.....	1 drachm
Tongaline.....	3 ounces
Elixir of lactopeptine.....	3 ounces

A dessertspoonful every two to four hours is indicated, accompanied in some cases by the carbonate of soda. Convalescence is slow; the alimentary tract is more or less disturbed. More of the

cases in our observation have had catarrhal disturbances of the digestive tract than of the air passages. The nervous system is particularly "rattled" and recovery of tone on its part is very slow. Tonics later are indicated. In many cases the early administration of quinine was found to be of great disadvantage; later, however, it produced good effects.

The medical journals and the daily press will be flooded for months to come with la grippe literature. Let us hope that some definite knowledge of the germ which is unquestionably at the bottom of the trouble will be evolved.—Reprint from the February number of the Medical Mirror, I. N. Love, M.D.

A NEW FOOD.—Lacto-Cereal Food is a new product recently put on the market by Reed & Carnrick, of New York. It is prepared from milk, cereals and fruit, and is not only palatable, but highly nutritious and easily digested.

I HAVE used your preparation of petroleum called Terraline in quite a number of cases of catarrhal affections of the respiratory organs, and can assure you that it is a most useful and valuable remedy in all such complaints. My experience in general with it has been such as to induce me to recommend it to my professional friends. Yours, truly,

B. SEGNITZ, M.D.

149 East 63d St., New York.

MANY old practitioners who attended the recent meeting of the M.V.M.A., at the Pickwick Theatre, St. Louis, pronounced beef tea made from Cudahy's "Rex" Extract of Beef the finest which they had ever tasted; as a matter of fact, we may state that the products of the Cudahy laboratory, Omaha, are rapidly coming to the front. Every wholesale drug house of any prominence in the Northwest has a line of the goods.—From Notes on New Pharmaceutical Products, November, 1891.

HOW TO ADMINISTER IRON.—It is generally conceded that the official tincture of chloride of iron is the most valuable of the iron preparations, therapeutically. The practical difficulties attending its administration for a length of time have been its disagreeably astringent taste, its corrosive action on the teeth, and its constipating action. Dr. G. W. Weld's extensive experience in the practice of dentistry led him to recognize the virtues of the tincture of the chloride of iron as a stimulant resource for patients after the strain of the dentist's work. Repeated experiments to obtain a formula free from the objectionable features, resulted in the preparation of a highly-palatable syrup with all the therapeutic efficacy preserved. This has been extensively

tested and placed in the hands of Parke, Davis & Co. for manufacture, who strongly commend it to the medical profession for trial. Being prepared after Dr. Weld's formula, it is entitled Weld's Syrup of Iron Chloride (P., D. & Co.'s). It is believed it will effect a revolution in iron administration.

Dr. C. S. Robinson, Richford, Tiago Co., N. Y., says: "I have tried Papine (Battle & Co.) and I find it possesses the medicinal virtues of opium, unalloyed with the drawbacks following the use of other forms of the drug. I tested Papine in my own case; having used many forms of opium during forty years, but only in acute attacks. It is not harmful like crude opium, morphine and other preparations, in delicate or irritable stomachs; on the contrary, it is acceptable as cordial. Also, the head is not made ill as it is by the other forms of opium that have come under my observation during most half a century. Papine is more prompt than morphine, except when the latter is used hypodermically. My wife has acute rheumatic attacks, and so-called "sick-headaches," and long ago decided she was unable to bear morphine or opium treatment. On hearing me extol Papine, she tried it unbeknown to me, and afterwards reported, saying: 'I believe it is indeed a good remedy; I can take it, for it does not make me sicker when I am sick.'"

LYSOL, A NEW ANTISEPTIC.—Since October, 1890, I have used Lysol as a disinfectant in all cases of emergency or operation, and the excellent results obtained are worthy, I believe, of publication.

While as valuable as bichloride of mercury, it is without any toxic property—a point to be considered when it is used in cavities, and especially in gynecology and obstetrics. In the latter, and especially in emergency cases, Lysol is of the highest value.

I can say of my experience with Lysol in more than two hundred cases, that it has given me perfect satisfaction.

In the preparation of material for ligature and suture, I boil the silk (which is the only material used by me), wound on glass spools, for three hours in a five per cent solution of Lysol, so as to be ready shortly before the fixed hour of the operation. For emergency cases I boil the silk in the same way, then put it in two-per-cent Lysol-alcohol till needed. These methods are quick, simple, safe, reliable: and therefore, as I am convinced, the best ones.)

Finally, I have to remark that at no time could an irritation of the tissues be proved. The patient, if sensitive, may feel a slight burning sensation for about ten minutes after the use of a one-half to two-per cent solution.—Eric Vondergoltz, M.D., in *American Journal, of Obstetrics*, New York, February, 1892.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, APRIL, 1892.

No. 4

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Original.

*A MEDICAL MAN'S NOTES IN JAPAN.

BY D. G. MAC GOWAN, M.D., LOS ANGELES.

Professor of Diseases of the Skin and the Genito-Urinary Organs in the College of Medicine of the University of Southern California.

Fellow Members of the Society:—Your worthy President, in inviting me to appear before you, simply asked me for a little talk upon my trip to China and Japan. I did not expect to be the main feature of this evening's entertainment, and scarcely fancy that such prominence is fair to those who have really useful things and ideas to present to the Society.

Some of you know that I was sent away by my physician because we thought the rest of a long sea voyage would prove of great benefit to an acute and very painful inflammatory affection of the spinal cord, the result of violence. It is so usual to prescribe such enforced rest that I think neither of us took into account the counterbalancing evils of the pitching and rolling of the ship, and the intense muscular strain necessary to hang on to the deck or keep in bed in bad weather. Sufficient is it to say, that though I returned benefitted from my journey, I should not, after my experience, recommend a long sea voyage in acute inflammatory affections of the spine; the character of physical rest obtainable upon ship-board not being of the kind most beneficial in such cases. But the worn nerves and weary mind have a tonic in the vast monotony of wave, wind and sky, that nothing else can give.

We left San Francisco with everyone well excepting the doctor. Five days out everyone on board was sneezing, and upon the sixth

*Read before the Los Angeles County Medical Association, March 13, 1892.

day nearly all of the white crew had well developed attacks of influenza, which affected chiefly the nervous and respiratory systems. In about a week or ten days we seemed to suddenly sail out of the influenza belt, and everyone rapidly recovered.

When we anchored at Yokohama, early one morning in December, a heavy hoarfrost covered the deck and rigging, and when we got ashore the canals about the town were covered with thin ice. Before I left the steamer, a sturdy looking little man introduced himself to me with the phrase, "I am a horse," and handed me his card: "M. Wada Jinrikisha." Without wasting time I hired this Japanese horse and bowled away to the city market. It being early morning, I first sought the fish market. Here was a sight which can be surpassed in its kind nowhere, and probably is equaled in the variety of fish and sea creatures only by the more famous market at Naples. The Japanese eat everything that lives in the water and is large enough to see and to take. Of the crustaceans there were prawns, crawfishes, spiny lobsters and many kinds of crabs. In this market I saw more mollusks than I had ever seen before. Great octopi, with tentacles several yards in length; the sepia; and a small and delicate squid, which when dried forms one of the chief articles of export to China, and the flesh of which is esteemed a great delicacy by the Chinese and is praised by the few Europeans who have tasted it; small oysters of a delicate flavor, but viewed, not unjustly, with suspicion by the whites because they are grown principally along the canals in the city, into which the urban sewage is discharged. It is commonly believed that cases of Asiatic cholera have been traced to the use of these oysters in a raw state. Small pectens looking like clams, cockles, abalones, limpets, mussels, tritons, whelks, sea snails, periwinkles, cowries of several kinds and a great number of conoids and varieties of peristerns, were recognized. But the majority of the mollusks were new and, either in genera or species, unknown to me. The variety of fish was almost as bewildering. Nearly all of the smaller fish are kept alive in tanks, the purchaser selecting them as they swim about. This central fish market serves principally as a distributing point. At almost every street corner and several times in every block you will find retail shops where this chief national food is dispensed, whole or in pieces, to those who, from motives of economy, convenience or poverty, do not seek the central market. There were carp and conger eels; sturgeon and sword-fish; sharks, big and little; skate, ray, turbot and halibut; pike, mackerel, smelt, herring, sea-trout and salmon; bonito and albacore; barracouda and mullet; sprat, roach, cod, perch and bass; red snapper; the ugly sculpin; the

horrible barber-fish or surgeon, with teeth like a human; the red scorpion-fish, great sun-fish, and the curious little sea-horses or hippocampi. There were several curiously banded fishes, one of which has a long nose which it is said to use as a gun, projecting a drop of water through the tubular snout with such accuracy as to knock an insect off a perch several feet above the water. Another was the prettily banded pilot fish, which is said to accompany the white shark, acting as its guide. The meat market was not so extensive, the Japanese not being a meat-eating nation. They raise most excellent beef in the south of Nippon, about Kobi, but it is principally consumed by the Europeans and Chinese. Mutton is not raised at all, as the grasses, being almost entirely of the bamboo variety, stiff and saw-edged, are said to penetrate the intestines of sheep and goats, killing them. There was plenty of venison, hare and game birds in the market. Quail, wood cock, ptarmigan, duck, snipe, plover, wood duck, wild geese, silver and golden pheasants; and a versicolored pheasant, of a steel blue and shot black color, which is only found in Japan, where it is abundant and cheap. The vegetable market was most instructive. The strange looking vegetables we see upon this coast in the Chinese markets are to be found in perfection in Japan. Golden carrots two feet long and one inch thick; the white radish or daicon a yard long; yams, sweet potato, potato; sugar beets two feet long and only an inch or two in diameter; arrowroot, long turnips, beautiful onions like those of Bermuda; tasteless melons and taro or lily roots, rice, millet, wheat, seaweeds and the root of the lotus, crisp lettuces and cabbages,—were particularly noticeable. The winter is not the fruit season in Japan, but I noticed oranges of a poor flavor, bananas that were so filled with tannic acid as to fairly draw one's mouth as with a puckering string, and pines sour and with but little juice.

The staple foods of this nation are fish, seaweeds, vegetables, millet and rice. Rice is dear, and among the poorer people its place is taken by millet. They raise rice to sell and millet to eat. Practically a poor man's food is, excepting on holidays, fish, millet and daicon. Fish,—raw, boiled, broiled, stewed, baked, hashed, pickled, in soups, and in any other way ingenuity may suggest.

The common beverages are tea, and alcoholic liquids distilled from rice and known as saki, which are usually taken hot before eating.

Japanese men are about the average size of American women, and have long bodies with short legs, which are almost always bowed. This deformity is ingeniously accounted for by a Japanese government officer of my acquaintance. He says it is

due to the pick-a-back position in which the children are carried during the first year or two of life upon the backs of their elders. Strapped securely in a pocket in the back of the kimono of his little brother or sister, or that of his mother, out he goes into the world soon after he is born; in no patent perambulator, which his nurse maid may leave while she flirts with the policeman on the beat, but with a fine live hobby-horse to ride. It really seems in Japan that every child old enough to walk packs a smaller babe astride of its hips; the latter looking for all the world like a doll, were it not for the restless little black eyes. A favorite game with children in Japan is battledoor and shuttlecock; and it is very amusing to watch the little tots, mounted on their stilt-soled sandals, and each with a babe upon its back, play the game, and with unerring aim keep the cock in the air for five or ten minutes at a stretch. My friend also accounts for the short stature of the race by the time-out-of-mind custom of squatting upon the floor instead of standing or sitting upon chairs.

The Japanese of all classes are intensely polite, clean, civil and courteous. Even the humblest homes are clean, with a cleanliness one sees nowhere else upon the globe. It is the custom for everyone to bathe at least daily. They are clean for the satisfaction it affords them. They have tubs at home. In the city of Tokio alone there are said to be from 800 to 1000 public baths, in which it is calculated 400,000 people bathe daily, the price of a bath being from one to two cents of our money. The national bath is a hot one, having a temperature of about 110° F.; and medical men told me that following the national custom is the only safe way, if one wishes to avoid rheumatism and bronchitis. Baths are frequently used in common by men and women, sometimes not separated at all, and sometimes only separated by a slightly raised partition or screen; and it is very common to see coolies clothed only in a blouse and a pair of sandals, in the streets returning from the bath. Along with their cleanliness the Japanese have another excellent national custom, which consists in the absence of a pauper class. One sometimes meets beggars in the street, but my observation would lead me to think these were nearly always lepers. They are inured to hardships, are brave and enduring, sober and industrious, and always seeking to better their condition. It is the duty of the family to care for its own unfortunate; and the aforesaid official told me that when anyone was found in want, the Government, through its police, hunted up the relatives, and they were bound to care for their kin in distress.

They are a pleasure-loving people, but their pleasures are simple. Gambling is strictly forbidden and heavily punished by

fine, imprisonment and temporary loss of citizenship. Racing, wrestling, dancing of the national dances by professionals, usually pretty girls called geishas, story-telling, the theatre—which is open almost all day—and garden parties in the time of bloom of special flowers, are the principal amusements. Everyone smokes, men and women each carrying a small pipe and a box of mild tobacco in the kimono.

Marriage is universal, and so is divorce. The latter is more common among the poorer classes. As near as I could make out from inquiry, a man may have as many wives as he likes and get rid of them upon almost any pretense whenever he cares to.

Prostitution is licensed, and practically confined to certain sections of cities, which have local names. That at Tokio is termed Yoshiwara, and is surrounded by a moat and approached by a drawbridge. Here are a number of tidily kept streets, lined with many neat and elegant houses, from two to four stories in height, richly furnished and decorated, and lighted throughout with electricity. Each house has a great bay-window upon the ground floor, in which the young girls, gorgeously attired in silken robes of scarlet, squat upon glorious Eastern rugs, each before a copper brazier, waiting to be chosen by the god of love. These girls are usually sold or indentured for a certain term of years to the houses by their parents, or sometimes they article themselves to support an ailing mother or father, or to secure a dowry. Their time expired, they return to their homes if they like, and the life they have led is no bar to their marriage. Indeed, I have heard it said that in old Japan they found husbands more readily than their more virtuous and less experienced sisters. Each house and each inmate of it is taxed. They are under constant police surveillance, and medical examination is made of each girl once a week. I could get no authoritative estimate of the number in the Yoshiwara, but averaging the numbers given me by different people, I should judge that it contained about ten thousand of these prostitutes.

Along with the introduction of European innovations in clothing and social customs, have come changes in the Japanese official manner of looking at things morally. Government now forbids people exposing themselves naked in the streets, and there has arisen a strong party, influenced by the missionaries I am sorry to say, whose endeavor is to break up licensed prostitution and destroy the quarters reserved for this purpose. The results cannot be other than that of a wider spread of the social evil in all ranks of society, and a greater increase of venereal diseases.

There has been established under the new law a National Board of Health. Among its members are a distinguished American,

Dr. Eldridge of Yokohama, and a German savant, Dr. Baeltz of Tokio, the latter occupying, I understand, the position of a cabinet officer. The influence of the Board has been great in Japan in the forming and enforcement of improved sanitary laws as to drainage, water supply, quarantine and medical education.

Yokohama has an excellent water system. The source of supply is from a mountain stream about twenty-five miles away. It is conducted by aqueduct and pipe line to the city, and is distributed as usual through iron mains. In the poorer quarters of the city there appeared to be no house mains, but at the corner of each block is a hydrant which answers the Asiatic idea of a well, and from which water is continually drawn for domestic use by the people on the block. These works I believe belong to the municipality. In Yokohama wells are forbidden. Tokio derives its water supply partly from wells and partly from an old water system, with wooden pipes, from the same stream from which the Yokohama supply is taken. While I was in Japan the Board of Health and Government were considering measures for the introduction of a complete modern system for the supply of pure water to the city of Tokio. In spite of the great number of deaths in recent years from typhoid, diarrheal diseases and cholera, the average citizen of Tokio is as hard to convince of the poisonous effects of well water in cities, which appears clean, sweet and innocuous, as is the average American. The contemplated system is to be built by bonds, for which the credit of the city is to be pledged, and meets with as much opposition from the rate payers as is usual in such cases.

The system of drainage in large Japanese cities is through stone egouts or drains, which run along the fronts of the houses where our sidewalks would be. They discharge into the rivers and canals direct. The odors arising from this method of disposition of sewage are frequent and loud, but the surface effect at least is clean. The latrines either discharge into these drains or the contents are collected and removed at night, and applied to the agricultural land ready for cultivation.

Streets are, generally speaking, very narrow, averaging probably twenty to thirty feet in width, and have no sidewalks. They are all paved or turnpiked with small beach stones or gravel. The dust is laid by the oddest looking street sprinklers, composed of a box, like a store box, 4 x 4, set on two wheels and an axle. This is furnished at the back with a perforated zinc tube, placed horizontally, and throws a fine and evenly distributed spray for a width of about five feet. This sprinkling cart is generally drawn by three coolies, two being nearly always blind men. Horses are but seldom seen in the cities of Japan, the width of the streets

not permitting of their general use, either for draught or in coaches. This accounts largely for the cleanliness of the streets. Then again, popular prejudice is against allowing or permitting anyone to litter the streets with sweepings from shops or houses. The habit of the Japanese men, however, is to pay prompt attention to the claims of a filled bladder and empty it anywhere upon the streets or roads.

In climate the Pacific coast of Japan partakes of the nature of the Pacific coast of North America; while that part facing the Sea of Japan, the Asiatic coast, has the climate of New England and the Middle Atlantic States.

The prevailing diseases are consumption, beri-beri, typhoid and other febrile diseases of the digestive tract, rheumatism, cholera and small-pox. Vaccination is, I believe, quite general in Japan. Of late years efforts have been made to enforce it universally, Government having established vaccine farms. Owing to indifference on the part of the people, destructive epidemics of variola still occur, and it was quite prevalent while we were in Yokohama, where I even recognized cases upon the streets as I was driving in my rickshaw. I was disappointed in not seeing a case of beri-beri, and know no more about this disease than if I had never been in Japan.

Diseases of the skin are very prevalent, especially among children. Eczema of the scalp and face, contagious impetigo, favus and trichophyton may be frequently recognized among the tots upon the street. The Japanese share the same feeling, so common among Americans and Europeans, that such eruptions should not be disturbed for fear of driving them into the blood. The probable cause, my official friend suggests, of the frequent occurrence of these diseases among children may be found in the national custom of shaving the baby's head during the first month, leaving only a tuft of hair at the crown, or elsewhere, according to the fancy of the mother. This is continued until the child is old enough to go to school. The razors used are frequently not clean, and undoubtedly act as carriers of infection. The general effect of this head shaving may be seen in the Japanese dolls of the shops, which are perfect images of Japanese babies.

The dead are disposed of, some by cremation, which is a custom prevalent among this people for many centuries, and some by burial in graves in a sitting posture, with the face to the rising sun. These narrow graves give to a Japanese cemetery, with its serried shafts of plain stone, a peculiar show of impressive solemnity and humility. Many of the distinguished dead have

however, costly cenotaphs in splendid adjoining temples. Burial in the limits of cities has been forbidden by Government.

Three systems of medical practice prevail in Japan: The old Japanese, which consists, as nearly as I could ascertain, in a complicated system of massage, combined with hot baths and the use of hot drinks. This from time immemorial has been in the hands of the blind. They get good fees, and I am told not unfrequently accumulate handsome fortunes. A peculiarity of their mode of massage is that they rub downward always, instead of upward. The Chinese system, which, slightly modified by Dutch influence, was the prevailing one before the introduction of the European some twenty-five years ago. This is really not a system at all, as there are no schools of medical education in China, and no generally recognized medical curriculum. All knowledge under this system is transmitted from father to son, and passes not out of the family. Under some circumstances this might give rise to a keen class of specialists, but a Chinaman never attempts to surpass his father in knowledge, and hence we find that the healing art in China and those countries under direct Chinese influence has not advanced for ages. Neither of these systems of practice is at present recognized by the Japanese Government, and official impediments are constantly placed in the way of their practice. About twenty-five years ago a general university was established at Tokio, with a medical department, and the best teachers obtainable in Europe were imported at high salaries for its instructors. The medical corps was principally made up of well grounded, broad thinking and painstaking Germans. The system of sending picked scholars to American and European universities to study general medicine and specialties was inaugurated and fostered by Government. Thus there soon grew up a new school of native physicians, brilliantly prepared for work and well competent to take charge of the education of their countrymen. At present the medical department of the university is almost entirely in Japanese hands, the only European name of note I noticed in connection with it being that of the eminent Dr. Baeltz. At Yokohama I visited the city hospital, and was treated with great courtesy by the surgeon in charge, Dr. Hirose, and his assistant, Dr. Yoshimasu. These gentlemen received their education at the University of Tokio. They do not speak English, but are thoroughly familiar with German, having learned it when yet students. The hospital is pleasantly situated upon the bluff in Kanagawa, overlooking the city, and is surrounded by a pretty garden laid out in the conventional Japanese style with conifers and flowering shrubs. The neatness and cleanliness of

the building are wonderful. Everyone entering it leaves his boots or sandals at the door, so as not to soil or scratch the clean and polished floors. The wards are divided as usual into fever, consumptive, surgical, obstetrical, general medical, venereal and contagious diseases. The wards are so fixed that they may be, by the convenient sliding doors with paper windows, thrown into one great room, or divided into separate or private rooms. But few are treated absolutely for nothing, fees of various sizes being exacted according to the ability of the individual or his relatives to pay. Each patient is required to furnish his own bed; this is a simple affair, however, consisting of a broad pine board upon which is spread a piece of sheet matting, a wooden pillow, and several blankets or cotton or silk comforts for cover. Each patient seemed to have a nurse or attendant, and the humility and respect which the sick and their attendants showed to the physicians were peculiarly in contrast with American hospital manners. The operating room in this hospital is fitted out after the modern antiseptic or aseptic ideas, and without its surroundings might just as well be in New York or Berlin. The pathological and bacteriological laboratories are very complete. The physicians in charge were at that time engaged in original research upon the comma bacillus of cholera, the pathogenic germ of yellow fever, sent from Brazil, and the bacillus of diphtheria. I think probably some of our most valuable information respecting Asiatic cholera will come from these Japanese laboratories, as the disease is almost endemic upon the Pacific coast of Japan, and the Japanese have the untiring energy and patience of the Germans in the pursuit of knowledge.

16 Burdick Block.

RESECTION, WITH CASES.

BY JOSEPH KURTZ, M.D., LOS ANGELES, CAL.

Professor of Clinical Surgery, College of Medicine of the University of Southern California.

It is unnecessary to begin with a definition of the name resection. Its meaning is manifold; it is applicable to soft parts as well as to bone. I intend to speak to you tonight on the subject of resection of bone.

Although Charles White of England made some resections as early as 1768, this operation was not particularly practiced until

*Read before the Los Angeles County Medical Association, April 1, 1892.

a comparatively recent date. During the war of Schleswig-Holstein, Stromeyer and Erward resorted a good deal to this operation, and described it under the head of conservative surgery. In the reports of the war of the rebellion, our late unpleasantness, we find a considerable number of such cases. But as the results were not very gratifying, a good and useful joint being rarely obtained, the operation did not find many adherents until Ollier demonstrated the necessity of the saving of the periosteum as the *sine qua non* to a successful issue of a resection of a joint. With the knowledge of the importance of the periosteum and the introduction of antiseptic and aseptic methods of surgery, surgeons could not hesitate any longer, and resection became almost a daily occurrence in the larger hospitals. In fact, it may be said with this, as with many other favorite operations, it was even abused, or at least done where it was perhaps not necessary. Richard Volkmann called a halt when he demonstrated that by his arthrectomy in many cases a better result may be obtained. By the use of his sharp spoon, and the excision of the diseased synovia, many a complete resection has been and will yet be obviated.

Resection may be made either in the continuity—as on the shafts of long bones, or on the flat or irregular bones, viz.: skull, maxilla, wrist, foot or pelvis—or in the contiguity, as in excision of joints. The latter may be divided into a complete or partial resection: complete when we remove all parts forming the articulation, incomplete when we merely remove the diseased parts, leaving a great part of the joint-structure intact (arthrectomy). The indications for the operation are:

1. Traumatism: Gunshot and other peculiar fractures which cannot unite, complicated and ancient dislocations.

2. Organic diseases: Caries of the joints, necrosis, neoplasm, and also to correct deformities due to ankylosis; some diseases of the brain due to depressed fracture or other causes, and empyema.

The subject is too immense to go into the minutiae of the description of either the injuries or the diseases which indicate resection. Occasionally a bone or part is removed to get access to the part below, and afterward replaced; such an operation is called a temporary resection.

The resection is considered to consist of four acts: 1, incision upon the bone; 2, cleaning of the bone or the articulating ends; 3, removal of the diseased or indicated part to be removed; and, 4, closure of arteries and wound and drainage.

The success of the operation depends on the following conditions:

1. An incision which disturbs the soft parts but little, which may possibly go at once down through periosteum and into the capsule of the joint; make as few incisions into the soft parts as possible. Langenbeck, therefore, recommends, whenever it is feasible, to use one long incision, which generally runs parallel with the muscles, nerves and vessels.

2. Great care in the saving of the periosteum, the joint capsule and the muscular insertions.

3. The proper and practical position of the operated part, so as to insure perfect rest and easy access to it in case of change of dressing; wherever needed, apply the best splints or apparatus.

Of course it is unnecessary to impress upon you the great necessity of antiseptic or aseptic operation and dressing, including proper drainage. When these points are fully carried out, the prognosis of resection is better than that of amputation.

Prognosis.—The repair of the resected wound takes longer than that of any other operation, generally several months; fistulous openings may, in spite of all, form and annoy us for considerable time. To restore the function of the parts we will often be obliged to resort to massage, gymnastic exercises, electricity or thermic baths. The danger increases the nearer to the trunk the operation is performed, and also if the disease for which it has been performed has been of very severe or malignant type.

The *modus operandi* I could not enter into here, as such would take more than one evening.

The result of resections of most joints, as shoulder or elbow, is usually a new joint caused by the friction of the ends of the bones due to motion. The new joint is rarely perfect; partial ankylosis is often met with; worse than this is the flail joint occasionally seen. Knee resection should always result in perfect ankylosis.

I will now present some cases upon which I have operated at the County Hospital:

Case 1.—Resection of elbow. Cause, traumatism; patient fell and struck on his elbow; two years after injury found sinuses leading to joint, which was carious. Made Langenbeck's incision, removed condyles and part of olecranon; results are good, pronation and supination are fair, flexion and extension are sufficient for all practical purposes. He was discharged in four months; worked about four months, when he was again injured in this elbow; cut in; but found no dead bone, but a very inflamed condition; is now healed.

Case 2.—Resection of elbow, performed in San Francisco; result, a flail joint, the most useless of all. I have advised another operation; he wears an apparatus by means of which he has some use of arm.

Case 3.—Resection of wrist; has had articular rheumatism. Had caries of the wrist, the worst diseased bones I ever saw — so light they might have been blown away. Cut down; removed articular surface of radius, the carpus and half of metacarpal bones, over two years ago; on account of pain he could not have dressings well applied, and as a result there were contractures, causing deformity. He has some use of the wrist, can lift a chair, etc., but cannot do heavy work without causing pain.

Case 4.—Resection of middle phalangeal articulation of second toe. Crushed by falling of pointed crowbar; result good, toe slightly shortened.

Case 5.—Resection of greater part of tarsus for relief of club-foot. Congenital club-feet; has had division of tendons at various points, has worn special shoes and plaster-of-paris casts. Six years ago a surgeon attempted to straighten one by monkey-wrench; was somewhat improved, although not much; walked almost on dorsum of foot. Eight months ago I operated on the worst foot; removing a wedge shaped piece, including the head of astragalus, part of calcaneum, two-thirds of scaphoid, whole of cuboid and some of cuneiform; in healing had a good deal of annoyance from fistulae. Have good results; foot is shortened, but patient walks squarely on the bottom of the foot; will operate on the other foot next week. As to choice of operation, the ideal one is simply to remove the head of the astragalus, as club-foot depends on this joint; if by any contractures scaphoid is pulled out, we have valgus; if pulled in, varus, or flat-foot (may be acquired by long standing). Here we would make a transverse incision, raise up tendons and remove head of astragalus; but it is not so safe as the longitudinal incision recommended by Volkmann and made in this case.

Case 6.—Is not present. Resection of knee for deformity. Knee flexed at a right angle. Boy insisted on amputation, as various operations had already been performed. Removed a large section of bone; leg dressed and placed in strongly abducted position. There was about three inches shortening, but with the tilting of the pelvis and wearing thick soled shoe it is hardly noticeable. He has since tramped all the way to New Orleans.

357 N. Main street.

DISCUSSION.

Dr. G. W. Lasher: Have operated successfully in two cases of equino-varus by Phelps' method (with monkey-wrench). Cut down through sole, putting aside tendons, blood vessels and nerves; then over-correct the deformity by means of wrench. It has the advantage, over the removal of wedge-shaped section, of not shortening the foot. In this case, however, do not think it would have been successful. I expected Dr. Kurtz to show cases of resection performed where indicated by disease as well as by traumatism. Considering the rapid reparative process in children, I prefer to scrape out a tuberculous joint rather than to resect. In one case I removed a large portion of tibia and astragalus; today he came to clinic and walked almost without a limp.

In a case of tubercular hip-joint disease, both joints went to third stage, with formation of abscess. I protected the case, i. e., put in rolling-chair, applied extension, had him taken out of doors, well fed, etc., and both healed up; think it is better method than excision. I agree with Dr. Kurtz that surgeons are not resecting joints as they did a few years ago.

Dr. A. Davidson: Would like to have heard from cases of strumous disease. There is no doubt as to treatment in traumatism, but think strumous cases should not be operated upon. I have never seen a useful knee after resection—think resection of knee ample ground for malpractice suit; no case is fatal if left to itself. In hip-joint disease I would not follow Dr. Lasher's advice; it may be suitable in this climate, but ordinarily, in temperate zone, I would prefer to put part in fixed splint, give crutches, and will do better, even although limping about leads to some contraction. I saw MacEwen remove the whole shaft of humerus, except epiphyses, every week building on a little, and the result was good. After a few months the child fell and broke this arm, but it healed kindly, with little deformity. In strumous disease, give the patient time.

Dr. Kurtz: Phelps' operation is only feasible in young children, under 8 or 10 years. Am conservative as to removal of bones in hip-joint disease unless there is too much suppuration, rupture of capsule, contractures, etc.; would then cut in and remove to below trochanters, and also the acetabulum; place limb in strongly abducted position. Resection of knee is quite successful in young adults; would avoid in children, as you destroy growth in removing epiphyses.

Dr. Lasher: I don't want to be understood as saying that I never excise the head of the femur.

***REPORT OF A CASE OF EXTRA-UTERINE
PREGNANCY, WITH SPECIMEN.**

BY E. R. SMITH, M.D., LOS ANGELES.

Mrs. R., colored, aged about 30 years, married four or five years, first pregnancy Has always worked hard; never sick, but for past two or three years has complained of pains in lower part of abdomen, which were attributed to some bladder trouble and which were relieved more or less by vaginal injections.

About the 10th of March she asked me to prescribe for a cough, and stated that she had missed her menstrual flow, which should have appeared the 19th of February. I do not remember that she complained of abdominal pains at this time, but the nurse in the hospital, who saw her every day, tells me that she did complain of the pain above described, and that there was some discomfort in the lower part of the abdomen from about this time, but not the colicky pains which are usually described in this condition. She was directed to come to my office for an examination if she did not menstruate on the 19th of March.

Wednesday, March 23, she called at my office; stated that she never felt better in her life, had no nausea, was eating well and doing her work regularly; had nothing to complain of but that she had not menstruated on the 19th, as was her custom. I made a digital examination but could not determine the question of pregnancy, and told her to return about the same time next month. Did not suspect extra-uterine pregnancy. She continued to do her work as usual, in the laundry at the Orphans' Home, until the following Saturday night.

Sunday morning she was taken with regular pains in the abdomen, which recurred at intervals of two and one-half minutes, as timed by the husband, continuing through the day until about 4 p.m. I saw her about 5 p.m. She was in bed, resting easily (pain had ceased an hour before), and complained of nothing but distress in region of bladder, which was relieved by passing a large amount of urine; she then expressed herself as feeling all right. She ate a good supper, and told the nurse that she would be in the laundry next morning.

There had been no hemorrhage from the vagina up to this time, nor discharge of decidual membrane; and supposing that I was dealing with a commencing abortion, I prescribed viburnum, and morphine to be given if the pains returned.

About 5 a.m. was summoned by telephone to come at once, as the patient had "cramps." Reached the bedside about 6 a.m.;

*Read before the Los Angeles County Medical Association, April 1, 1892.

found the patient in collapse, pulseless, and tossing restlessly about, but complaining of no pain. I learned that about 1 a.m. she had a severe pain in the abdomen, which lasted but a short time and did not return, but that she was "awfully sick" until 4 a.m., when the nurse was called; she was then as I found her,—in collapse: cold, clammy, pulseless. The abdomen was distended and very sensitive to pressure; the cul-de-sac full of fluid, and on opening the mouth I found the mucous membrane blanched. This was satisfactory evidence that hemorrhage into the abdominal cavity was taking place, and the rupture of an ectopic sac was the idea which naturally suggested itself. Our efforts to establish reaction did not accomplish anything in that direction, and the patient died about 9 o'clock. Dr. Lasher was called, but did not arrive until patient was dead.

At the autopsy, seven hours after death, we found the abdominal cavity full of blood; some old adhesions in right side of pelvis, and a tumor about two inches in diameter springing from the right Fallopian tube, which had ruptured and from which had escaped a six-weeks' foetus. The walls of the dilated tube were extremely thin and fragile, which suggested the idea to Dr. Lasher that one could hardly avoid rupturing the sac if employing the usual amount of force in making bi-manual examination in this condition.

There were present at the autopsy Drs. Bicknell, Lasher, and myself.

Third and Broadway.

DISCUSSION.

Dr. Bicknell: The report is exceptional in that there is no history until rupture, collapse and death. We would expect some pain from distention of tube and irritation of peritoneum; a little flow, perhaps a hemorrhage, with some decidual character recognized by the microscope. Where the period is missed and we have the ordinary history of pregnancy, followed by a slight flow dribbling along, we should examine with special reference to the tubes. The question as to what is best to do is still undecided. Some say there is no reason why every case should not be at least suspected, and think that an exploratory laparotomy should be done; others think the differential diagnosis cannot always be made, but that the case should be carefully watched, placing in a hospital if possible. Electrical treatment is advocated by the conservative; others, who are very skillful, will think of nothing but removal. I had a case who menstruated or had a hemorrhage

the last of December; period stopped, possibly from cold, then dribbled along two or three weeks; didn't suspect pregnancy; gave ergot and hamamelis, applied tampon with a little alum, but but it did no good. Two or three weeks later she had a terrible pain. On examination, I found in left iliac region a deposit, that I might one time have thought a pelvic hæmatocele; now I thought of extra-uterine pregnancy; put her to bed and waited, instead of operating at once. After several days, I found she was having morning sickness, breasts large and full, discharge decidual. This was increasing, so used Faradic current as strong as could be borne, four or five times; the breasts would be flat next morning after use. The growth, however, not being checked, and there being some hemorrhage, I used galvanism, 50 ma., three times, with success, as it has diminished from the size of one's fist to a small nodule; patient is now well.

Dr. Lasher: The embryo was only as large as a hen's egg, and would have been difficult to detect, as the woman was fleshy. As to treatment, if the patient is not in collapse, it is questionable whether it would be well to operate; this patient, when Dr. Smith arrived, was pulseless.

Dr. Moore: In the case I reported a few months ago, there was rupture at the third month; no collapse; waited three days, when there were signs of inflammation; Dr. Parkes operated, and the patient recovered. It is not advisable to operate in collapse. The absence of hemorrhage may be accounted for by the early rupture, which perhaps was due to a diseased condition of the appendages. I think if case be diagnosed before rupture, that electricity is best treatment.

Dr. Kurtz: Would not the treatment suggested by Dr. Moore have resulted in electrocution?

The annual meeting of the Medical Society of the State of California will be held in Union Hall, Post street, San Francisco, from April 19 to 23, when it is hoped that the profession will be largely represented. The Committee on Arrangements has obtained a reduction of 33 per cent on round-trip tickets, to those attending the meeting who travel over the Southern Pacific system; and this applies not only to members but to their families and to any regular medical man attending the meeting. These rebate certificates may be obtained from Dr. Chas. C. Wadsworth, 606 Sutter street, San Francisco. Applications for membership must be sent to Dr. J. H. Wythe, Oakland, Chairman of the Board of Censors, accompanied by a fee of seven (\$7) dollars.

Southern California Practitioner.

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Editorial.

LOS ANGELES MORTUARY LISTS.

Los Angeles is a peculiar city, in more respects than one. It is a large city in proportion to its immediate vicinity—a circumstance easily accounted for by the fact of its being so well known as a health resort. For this reason there is always present a greater or less number of tourists and invalids of the middle and wealthier classes. Deaths among these increase the mortality rate not a little.

Again, in riding through the town one cannot help noticing a very large percentage of laboring people—a greater number than, at first thought, it would seem possible could find employment, as there is little manufacturing or other great industry in Los Angeles. But on investigation it will be found that a large share of the men engaged in the vineyards, orchards and canneries in the surrounding country have their homes in the city, where their families can enjoy the privileges of better schools and markets. Now, if any of these laborers are taken sick while at work they at

once return home, and thus import quite a proportion of the acute diseases with which Los Angeles is accredited. Nor is the fact true of the immediate environs alone; many of the laborers in mining and other camps, even as far as Arizona, come, if possible, when sick, to Los Angeles. Two of the overland railroads have division hospitals in the city, where their employees from a large section are treated.

Yet again: a goodly number of excellent surgeons, a medical college, a large and well conducted public and numerous private hospitals, are factors which, when combined with exceptional natural advantages, make Los Angeles a medical center for a much larger area than its size would warrant. It is pretty well understood that hardly a third of the consumptives dying here contracted the disease on this coast. In justice to Los Angeles, it ought to be stated that, owing to the considerations mentioned above, many of those succumbing to acute diseases contracted the ailment in some of the surrounding and less carefully inspected regions. For it can be truthfully said, Los Angeles has a good sewer system and its health department is excellently managed. But even if all the cases reported were correctly diagnosed, the mortality list for Los Angeles would be especially untrustworthy.

Typhoid fever is *the* disease in the unsanitary working camps in this region, and a large percentage of those thus afflicted at once start for Los Angeles. Fully fifteen per cent of the pneumonia cases treated at the County Hospital last winter came from one mining town in Arizona. Malaria is nearly always from some of the damp lands, if of Californian origin, or else from some section of the East.

One of the questions asked on the death certificate is, length of residence in the county. This item of great importance is, we are informed, frequently omitted. Another inquiry we think should be appended, and as far as possible answered, is: "Where was the disease contracted?" This point the hospital authorities are now striving to answer. Let the doctors do their part in this respect, and there will be amassed information which will prove to be of great value in the future.

As it is now, the mortuary reports are unfair and misleading, and should only be read with intelligent consideration of the above facts.

A REMARKABLE OPERATION IN SAN FRANCISCO.

We have at hand a copy of the Examiner of March 30, giving the details of a case of empyema which was treated by incision and resection of the ribs. At the last account the patient was

still living. We congratulate our San Francisco brethren on their boldness and skill, as displayed in this case; but if, as may be inferred from the report, they believe that the operation is original with them, they are in error.

We are glad to learn that San Francisco is making commendable progress in the surgery of women, one of her distinguished operators having recently made a successful amputation of the cervix.

EDITORIAL NOTES.

DR. M. L. MOORE has returned from Chicago, bringing his family home with him.

DR. CLAIRE MURPHY has assumed the duties of Assistant County Physician, with headquarters at the County Hospital.

DR. CHAS. P. BAGG, having passed successfully his naval examination, has been appointed Assistant Surgeon in the Navy.

DR. W. W. MURPHY has given up his practice in Los Angeles for the present, and has gone to Oklahoma to engage either in the drug business or banking.

DR. F. D. BULLARD has resumed his professional work in the city, having left his position of Assistant County Physician, and taken office with Dr. H. G. Brainerd at 553 South Broadway.

CORRESPONDENCE.

BERLIN LETTER.

BASSINI'S NEW OPERATIVE METHOD FOR THE CURE OF INGUINAL HERNIA.

Of the numerous operative processes proposed for the radical cure of inguinal hernia, there remain today almost exclusively that of Wood and that of Czerny; with the modifications which several surgeons have made, though not changing them substantially.

The English surgeon closes the dilated inguinal canal, introflecting a portion of hernial sac, and shutting up the walls of the inguinal canal, and the pillars of the external or subcutaneous opening, over said introflected part.

The German surgeon exports the hernial sac instead, introduces the ligated neck and closes the external inguinal opening. Wood's process is only applicable in free hernias: of no avail in non-

reducible hernias. Czerny's method, instead, can be applied in all inguinal hernias, i.e., in the free, in the non-reducible and in the strangulated; but the relapses are very frequent, or threatening at least, if the operated does not wear a truss.

Now, if the operation for the radical cure of hernia equally requires the wearing of a truss, its advantages, although great, are reduced in making the patients able to contain their hernias, which were not at first containable.

To obtain and assure the radical cure of inguinal hernia, Bassini, Professor at the University of Padua, has shown the necessity of another operative method, the essence of which is the reconstruction of the inguinal canal as it is physiologically, i.e., made of two openings, an abdominal and a subcutaneous, and of two walls, a posterior and an anterior, between which the spermatic cord obliquely passes. With this method Bassini has operated 262 hernias; and precisely 251 inguinal, free and non-reducible, and eleven strangulated. The 216 persons operated for the free inguinal hernia all got well, except one who died of infection independent of the operative act. Of the 251 operated, there were seven relapses (and it may be said five only, because, in two cases, the hernia was bilateral) and four unknown results. Of the eleven strangulated hernias nine were rapidly cured, and two died.

Bassini says that the method he proposes for the radical cure of inguinal hernia, and which he calls rational, is absolutely harmless. The success of the operation is certain, for of the 108 operated on, who after the operation never wore a truss, twelve were declared capable of military service, proving that the radical cure of hernia is really obtained: liberating the patient not only of his hernia, but also of the trouble of the wearing of a truss. His method is also a rapid means of obtaining the cure, because there are all probabilities that in from ten to thirty days the patient will be cured; and even admitting, he says, the possibility of relapse, its per centum is so small, and it has shown itself in such special conditions, as not to diminish the worth of his method.

His method is as follows: He makes an incision over the integuments of the inguino-scrotal hernial region; denudes the aponeurosis of the great oblique in that portion of it which corresponds to the inguinal canal *opening of the hernia*, setting free the pillars of the subcutaneous inguinal ring; ligates the bleeding vessels; this constitutes the first time of the operation. In the second time, he cuts the aponeurosis of the great oblique from the external inguinal ring to the further side of the level of the internal ring; dissects this aponeurosis above and below, in form of two

flaps; he then detaches and raises, in toto, the spermatic cord and the neck of the hernial sac. This separation can be made without great difficulty with obtuse instruments, as much in acquired as in congenital hernias. The separation of the neck of the sac must be made as far as in the iliac fossa, i.e., on the other side of the mouth of the sack itself. Immediately after, he isolates the body and base of the sac and turns it to the external side. He opens the fundus of the sac and sees whether there exist adhesions of the hernial viscera or not. In case of adhesions, or of thickened omentum, he takes away the adhesions and extirpates the omentum where convenient. Having reduced the viscera, he twists the neck of the sac and ligates it on the other side of the mouth, and cuts half a centimeter under the ligature. If the hernia is voluminous, and therefore the neck and mouth of the sac large, beside the simple ligature he makes, under this one (externally), an interposed ligature, in two parts, to assure the closure and prevent the loosening of the ligature. The peritoneum thus ligated is left in the internal iliac fossa.

In the third time of the operation he deviates the isolated spermatic cord, gently stretches it upward over the abdominal wall, and sometimes, together with the testicle, pulling it out of the scrotum; with acute and broad hooks the superior and inferior flaps of the aponeurosis of the great oblique are pulled upward and downward, respectively: thus being able to dissect the furrow formed by Ponport's ligament as far as its posterior border; and one centimeter on the other side of the point where the spermatic cord comes out of the iliac fossa. The external margin of the anterior rectal muscle of the abdomen, and the triple stratum formed by the small oblique muscle, by the transverse and fascia verticalis of Cooper, are then, through dissection, detached from the aponeurosis of the great oblique and from the subserous connective tissue. The detachment from the triple stratum must be so that this reunited stratum may be approached, without difficulty, to the posterior isolated border of Ponport's ligament. This done, he sews these two parts together for the space of five to seven centimeters from the spine of the pubes outward as far as the spermatic cord, displaced for about a centimeter toward the anti-superior spine of the ilium. Thus the third part of the operation is finished, with reconstruction of the internal or abdominal aperture and posterior wall of the inguinal canal. If vomiting is now produced, the inguinal region is already capable of resisting the strongest endo-abdominal pression, and the triple musculo-aponeurotic stratum, fixed to Ponport's ligament, presents itself greatly stretched and immovable in its new position. In the fourth

time, or operative act, he replaces the spermatic cord, and the testicle, if it had been deviated, reunites, with interrupted suture, the aponeurosis of the great oblique, as far as to approach the borders of the pillars to the cord; and, lastly, he unites the skin.

In this way the inguinal canal is reconstructed: with an internal aperture, with a posterior wall made from the triple musculo-aponeurotic stratum; secured to the posterior border of the furrow, Ponport's ligament, with an anterior made from the reunited flaps of the aponeurosis of the great oblique, fastened in the external or subcutaneous aperture. In the external inguinal hernia, specially if of a certain volume, the inguinal canal loses its obliquity, becomes almost rectilinear; the described operation, according to Bassini, makes it again oblique; the spermatic cord, slightly displaced externally, afterward passes obliquely through the thickness of the abdominal wall, there where the canal was newly formed. The lines of deep sutures do not correspond; the posterior lies below, under the level of the cord, and the anterior above it.

If the inguinal hernia is congenital, its proper sac wanting, and forms itself in the peritoneal peduncle and in the vaginalis of the testicle, it can arrest itself at the cord (congenital funicular hernia) or descend to the testicle (congenital testicular hernia). In the first case, he extirpates the peritoneal peduncle of the vaginalis (having become ectasic) and sac of the hernia; in the second case, he extirpates instead peduncle and vaginalis, *sac and neck of the hernia*, leaving only that portion of serous membrane sufficient to cover the testicle, and which he unites, by suture, to the gland. If the inguinal hernia is internal, i.e., direct, then the treatment of the hernial sac undergoes a modification: because it finds itself in different conditions from the external, i.e., oblique hernia. In the inguinal hernia in the woman the operation is much easier, because no spermatic cord exists, and the round ligament is exposed as much in congenital as in acquired hernia.

A. Z. VALLA, S.B., M.D.

Berlin, February 28, 1892.

THE PAN-AMERICAN MEDICAL CONGRESS.

The Committee on Permanent Organization met at St. Louis, October 14, 15 and 16, 1891, and adopted a series of general regulations for the permanent organization of the Pan-American Medical Congress, and a series of special regulations for the government of the first meeting, and recommended that the incorporators adopt both series of regulations as the organic law of the Congress.

Pursuant to such regulations, the following general officers were elected. viz.: William Pepper, M.D., LL.D., Philadelphia, Pa., President; Abraham M. Owen, A.M., M.D., Evansville, Ind., Treasurer; Charles A. L. Reed, M.D., Cincinnati, O., Secretary-General.

The Auxiliary Committee nominated by the various members of the Committee on Permanent Organization, each for his own State, and already commissioned by the Chairman, was confirmed. The election of officers of sections was begun, but time would not permit of the completion of the list, which was referred to a special committee with power to act. It has been deemed inexpedient to publish the list until it is completed, which can hardly be accomplished before the meeting of the Committee on Permanent Organization at Detroit in June; but the organization of particular sections will be announced through the medical press as rapidly as officers are elected by the special committee.

In accordance with the wish of the Committee on Permanent Organization, as expressed in special regulation No. 4, Drs. I. N. Love, A. B. Richardson, L. S. McMurtry, R. B. Hall, T. V. Fitzpatrick and Charles A. L. Reed met in Cincinnati and signed the legal form of application for articles of incorporation of the Pan-American Medical Congress, which articles of incorporation were duly issued by the Secretary of the State of Ohio, under date of March 15, A.D. 1892.

At a meeting of the incorporators held March 16, 1892, the following general and special regulations recommended by the Committee on Permanent Organization were formally adopted as the organic law of the Pan-American Medical Congress in accordance with the laws of Ohio, and all elections had by the Committee on Permanent Organization, in accordance with such regulations, were confirmed and made a part of the laws of the Congress:

It is provided that the sections of the Congress shall be as follows: 1, General Medicine; 2, General Surgery; 3, Military Medicine and Surgery; 4, Obstetrics; 5, Gynecology and Abdominal Surgery; 6, Therapeutics; 7, Anatomy; 8, Physiology; 9, Diseases of Children; 10, Pathology; 11, Ophthalmology; 12, Laryngology and Rhinology; 13, Otology; 14, Dermatology and Syphilography; 15, General Hygiene and Demography; 16, Marine Hygiene and Quarantine; 17, Orthopædics; 18, Diseases of the Mind and Nervous System; 19, Oral and Dental Surgery; 20, Medical Pedagogics; 21, Medical Jurisprudence.

The languages of the Congress shall be Spanish, French, Portuguese and English.

The First Pan-American Medical Congress shall be held in the city of Washington, D.C., September 5, 6, 7, 8, A.D. 1893. The

registration fee shall be \$10 for members residing in the United States, but no fee shall be charged to foreign members. Each registered member shall receive a card of membership and be furnished a set of the transactions.

Pursuant to the laws of Ohio, and in accordance with nominations by the Committee on Permanent Organization, the incorporators elected fifteen trustees, as follows: Dr. W. T. Briggs, Tennessee; Dr. George F. Shrady, New York; Dr. P. O. Hooper, Arkansas; Dr. S. S. Adams, District of Columbia; Dr. H. O. Marcy, Massachusetts; Dr. J. F. Kennedy, Iowa; Dr. H. D. Holton, Vermont; Dr. L. S. McMurtry, Kentucky; Dr. N. S. Davis, Illinois; Dr. Levi Cooper Lane, California; Dr. I. N. Love, Missouri; Dr. Hunter McGuire, Virginia; Dr. J. C. Culbertson, Illinois; Dr. A. Walter Suiter, New York; Dr. C. H. Mastin, Alabama. Drs. L. S. McMurtry, Kentucky; I. N. Love, Missouri, and W. W. Potter, New York, were designated to act as members of the Executive Committee.

The organization of the Congress is complete in British North America, the British West Indies, the Spanish West Indies, Guatemala, Nicaragua, United States of Colombia, Brazil, Uruguay, Venezuela and the Argentine. It is confidently expected that the nominations from the remaining countries will be in by June.

It is expected to announce the completed organization of the Congress, its sections and auxiliary committees, domestic and foreign, by July 1, 1892.

On behalf of the Committee on Permanent Organization,

CHARLES A. L. REED, Chairman.

J. W. CARHART, Secretary.

NEW LICENTIATES.

At a meeting of the Board of Examiners held March 1, the following-named physicians were granted certificates to practice in this State:

Benepe, Seth Martin	Sebastopol	Bellevue Hosp. Med. Coll., N. Y., March 1, 1866
Brown, Eli F.	East Riverside	Med. Coll. of Ind., Feb. 28, 1879.
Burnham, Clark Jas.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Clarkson, Jas. Booth	San Francisco	Roy. Coll. Phys. and Surg., Edinburg, Scot., April 8, '81
Frasse, Irvin N.	Pasadena	Med. Dept. Univ. of Pa., May 1, 1890
Gibson, Richmond E.	Paskenta	Univ. of Buffalo, N. Y., March 25, 1890
Hart, Jefferson G.	Pomona	Med. Dept. Iowa State Univ., 1855
		Med. Coll. St. Louis, Mo., 1863
Keys, Luther, H.	Maxwell	Charity Hosp. Med. Coll., Cleveland, O., Feb. 24, 1870
McGettigan, Robt Jos.	San Jose	Cooper Med. Coll., Cal., Dec. 4, 1891
Oviedo, Louis P.	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Sterrett, Blanche O.	San Francisco	Woman's Hosp. Med. Coll., Ill., Feb. 27, 1877
	(nee Burroughs.)	
Wellwood, James M.	San Francisco	Med. Dept. Tulane Univ. of La., March 30, 1887
Wilmot, William H.	Highland	Med. Dept. Univ. of La., Feb. 15, 1858

BOOK REVIEWS.

THE CENTURY DICTIONARY. An encyclopedic lexicon of the English language. Prepared under the superintendence of WILLIAM DWIGHT WHITNEY, Ph.D., LL.D., Professor of Comparative Philology and Sanskrit in Yale University. In twenty-four parts, making six volumes. Published by the Century Company, New York. Agents for the Pacific Coast: The J. Dewing Co., No. 813 Market street, San Francisco. Agent for Southern California: Charles H. Sweetser, 442 Pearl street, Los Angeles. Price per part, bound tastefully in strong, durable cloth, \$2.50. Four parts will be bound in one volume, in leather, by the Company, for \$5.00. Thus the cost of the work in parts will be \$60.00, and the binding of the parts into six volumes (if the buyer so desires) \$30.00 extra.

The dictionary is sold by subscription, but no subscription will be taken for less than the entire work; the parts are bound in cloth and may be obtained monthly, making payments easy, and bringing it within the reach of nearly every family.

Prof. Whitney, the editor-in-chief, has had, in the editing of this work, the co-operation of a large number of editorial assistants; while the editorial contributors number over thirty, and include such men as Austin Abbott, LL.D., in law; Lyman Abbott, D.D., LL.D., in theology and ecclesiastical history; Elliott Cones, M.D., Ph.D., on general zoology, biology and comparative anatomy; Edward S. Dana, Ph.D., physics and mineralogy; I. Franklin Jameson, Ph.D., on the history of the United States; Charles P. G. Scott, Ph.D., on etymologies; the late James K. Thatcher, M.D., on physiology, medicine, surgery, human anatomy and histology; Serino Watson, Ph.D., and Lester E. Ward, A.M., LL.B., on Botany; Henry M. Whitney, A.M., on synonyms; and William D. Whitney, Ph.D., LL.D., on spelling, pronunciation, grammar, comparative philology, ethnology, anthropology; and many others not so well known to the public, but equally well fitted for their respective parts.

This great work has at last been completed. It has taken years of labor to bring it to completion, but now it is easily in the lead of all English dictionaries and stands a worthy monument to its world-renowned editors.

Volume VI is before us, taking the alphabet from *Stru* to the end. This, the last volume, contains 1076 pages, 30 of which are devoted to a list of writers quoted and authorities cited in the dictionary; and a list of amended spellings, recommended by the Philological Society of London and the American Philological Association.

The spelling throughout the work is the so-call American, although independent throughout. The system of indicating pronunciation is very simple, and is understood at a glance. The illustrations surpass in accuracy and comprehensiveness anything

in their line in previous dictionaries. All peculiar colloquial words and slang (excepting the vulgar) are to be found in the work.

Purchasers of this dictionary will obtain a reference library which does away with a great number of other books. They will have:

1. A complete defining dictionary of English words.
2. A dictionary of etymologies, unequalled by any work yet published.
3. A standard dictionary of spelling and pronunciation.
4. An encyclopedia of general information, particularly rich in historical material.
5. A standard dictionary of mechanical terms.
6. A comprehensive dictionary of the practical arts and trades, commerce, finance, etc.
7. A dictionary of scientific terms, giving the result of the very latest thought in every department of science, as biology, botany, zoology, mineralogy, physics, etc.
8. A dictionary of medicine, surgery, physiology, anatomy, etc.
9. A dictionary of theological terms.
10. A dictionary of art and archæology, mythology, sculpture, music, etc., exquisitely illustrated.
11. A law dictionary.
12. A standard reference book of English grammar and philology.
13. A dictionary of synonyms.
14. A treasury of quotations.

EVACUANT MEDICATION (CATHARTICS AND EMETICS). By

HENRY M. FIELD, M.D., Professor of Therapeutics, Dartmouth Medical College; Corporate Member Gynecological Society of Boston; Non-resident Member New York Academy of Medicine, etc. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street.

Rarely has the reviewer received more genuine pleasure in perusing a medical work than he felt while examining this book. It is, as far as he knows, the only work in the English language devoted exclusively to this subject. It is short enough not to be tedious, yet sufficiently compendious to take in nearly all the information worth remembering about this class of medication.

The author gives the medical preparations, parts especially affected by the drug, action, dosage, use, especial indications and contra-indications, for the several remedies he advocates. This, however, by no means covers the ground he treats of. On pages 22 and 23, for instance, he gives hints as to the employment of croton oil externally. An old practitioner once, when in consultation with the reviewer, showed him a ready, safe and excellent method of using croton oil as a vesicant; that is, to dissolve it in

gasoline one drachm to the ounce. Throughout the entire book this little point was the only place where the reviewer thought he could improve it.

After treating of the drugs used in production of catharsis, the author introduces an excellent chapter on the indications, pro and con, for such an interference. He mentions seven instances which call, in his opinion, for such a procedure: 1, Biliousness; 2, Elimination of poisons; 3, Constipation; 4, Diarrhœa; 5, Depuration; 6, Vicarious action for kidneys; 7, Serous congestion. Three general contra-indications are: peritonitis, fear of perforation and a syncopal state; while inflammation of stomach, duodenum or of colon or rectal veins, pregnancy, uterine disease and hemorrhage, make requisite, he says, a skilled selection of agencies, page 173. Indeed, Differential Therapeutics, it may be said, is the strong point of the book, and on this excellence alone it is well worth studying.

ESSENTIALS OF PHYSICS. Arranged in the form of questions and answers. Prepared especially for students of medicine. By FRED. J. BROCKWAY, M.D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York. With 155 illustrations. Philadelphia: W. B. Saunders, 913 Walnut street 1892. Price, \$1.00.

Many compends are of a fragmentary character, and are only fit to be used as outlines in reviewing, or as frameworks on which to build more substantial structures. The compend before us is entirely different in character from those mentioned above. It far surpasses in fullness any elementary work on the subject that the reviewer is acquainted with, and contains every essential that the medical student needs. It is founded on the lectures delivered at the College of Physicians and Surgeons, New York, and is in every way a deserving book. The reviewer believes the time is coming when an elementary knowledge of physics will be exacted of all prospective medical students, and speed the day.

PHYSICAL DIAGNOSIS. A guide to the methods of clinical investigation. By I. A. Gibbons, M.D., D.Sc., F.R.C.P., Ed., Lecturer on the Principles and Practice of Medicine in the Edinburg Medical School; Examiner on Medicine and Clinical Medicine in the University of Glasgow; and, Wm. Russel, M.D., F.R.C.P., Ed., Pathologist to the Royal Infirmary of Edinburg; Lecturer on Pathology and Morbid Anatomy in the Edinburg Medical School. With 101 illustrations. New York: D. Appleton & Co. 1891.

Among the shorter hand-books on diagnosis this little work is most excellent. It is very entertaining for so condensed a compend. Upon urine analysis it has really as much matter as many books devoted entirely to that subject. On the nervous system it must needs be brief, yet it mentions points which larger volumes leave out. For instance, Wernicke's test for visual acuity in hem-

ianopsia is described on page 317: a test which the reviewer has failed to find in many a more pretentious work.

As the editors state, the book was written because suggested by practical experience in teaching; it therefore contains the essentials of the subject. The student and the general practitioner will find it handy both in preparing for an examination and in quickly brushing up on the all-important question, "What is the matter?"

A HANDBOOK OF OBSTETRICAL NURSING. For nurses, students and mothers. Comprising the course of instruction in obstetrical nursing given to the pupils of the Training School for Nurses connected with the Women's Hospital of Philadelphia. By ANNA M. FULLERTON, M.D., Demonstrator of Obstetrics in the Women's Medical College of Pennsylvania; Physician-in-Charge and Obstetrician and Gynecologist to the Women's Hospital of Philadelphia, and Superintendent of the Nurse Training School of the Woman's Hospital of Philadelphia. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1890.

This little book, embodying the official teachings on "Monthly Nursing" of the Women's Hospital of Philadelphia, is marked by most charming modesty of phraseology. "Lower limbs" is the term used throughout, when the more fleshly minded male writer would undoubtedly use "legs". It seems also that the catheter is passed by touch in Philadelphia. "The use of the catheter," we are told, "need not involve the slightest exposure of the person. A cultivated touch will enable a nurse to do better than by sight in its use, hence it may all be done under cover." How very touching is this! How shocking to think of the rude way in which some nurses, who have not had the advantages of a course of training at the Women's Hospital of Philadelphia, expose the patient's person. Truly, in our rude West, we have much to learn of the refinements of medical life. We have heard that it is now very common in the East to administer chloroform during the agonizing operation of vaccination. Is it also true that the ladies of Philadelphia, when about to trim their toe nails and corns, resort to anæsthesia to allay the quiverings of their sensitive souls?

BOTANY: A CONCISE MANUAL FOR STUDENTS OF MEDICINE AND SCIENCE. By ALEX. JOHNSTONE, F.G.S., Lecturer on Botany, School of Medicine, Edinburgh. With 164 illustrations and a series of floral diagrams. New York: D. Appleton & Co.

It is to be feared that botany is a branch of medicine too little studied by the physician. A proper amount of study put upon this subject would be not only profitable but pleasurable. Especially is this true in Southern California, where nature is so luxuriant. Oftentimes it would be very advantageous to prepare fresh decoctions from the plants themselves, and emergencies might arise where that could be the only way it were possible to procure

proper medicaments. Then the physician with a good botanical knowledge would be in great demand.

The reviewer spent one spring among the flowers of the Southern California canyons, and he can truthfully say he never had a more pleasant outing.

While this manual is not so exhaustive a work as Gray's large volume, it deals extensively with medical botany, and yet it is very concise. To any one who wishes to have a knowledge of the principles of botany, we recommend this manual.

ESSENTIALS OF MEDICAL ELECTRICITY. By D. D. STEWART, M.D., Demonstrator of Diseases of the Nervous System and Chief of the Neurological Clinic, in the Jefferson Medical College; Physician to St. Mary's Hospital and to St. Christopher's Hospital for Children; Fellow of the College of Physicians of Philadelphia, etc.; and, E. S. LAWRENCE, M.D., Chief of the Electrical Clinic and Assistant Demonstrator of Diseases of the Nervous System in the Jefferson Medical College; Physician to the Dispensary of St. Christopher's Hospital for Children, etc. With sixty-five illustrations. Philadelphia: W. B. Saunders, 913 Walnut street. 1892. Price, \$1.00.

During the past few years, electricity has come to be very widely employed in the arts and sciences. As a therapeutic measure, until within comparatively a very few years, electricity was used by but very few, and those few in the great centers. Now it is widely employed, but too frequently without adequate knowledge of the properties of the different currents or the indications for their employment. The little work before us, although a compend and without claims to originality, makes clear many points, which, for an intelligent understanding of this branch of therapeutics, are absolutely assential.

Although compends are not as a rule good for the majority of students, we feel no hesitation in recommending this to all medical students; and the general practitioner will not find his time wasted in reading it most carefully.

THE CALIFORNIAN ILLUSTRATED MAGAZINE. Charles Frederick Holder, Editor; Andrew Brown, General Manager. Summary of contents for April.

The Californian Illustrated Magazine for April is beautifully illustrated, over a dozen of its twenty articles being embellished by artistic sketches, making the issue the most elaborately illustrated magazine ever issued west of New York. The success of the magazine has been phenomenal; and beginning with the May number, it will be printed from the same presses as those used by the great Eastern magazines, ordered especially for the purpose; so that the Californian will be one of the few magazines in the country having its own plant: a movement which will result in the best pictorial and typographical work obtainable. Among the

papers of this issue of especial interest is one by Mrs. Helen E. Gregory-Fletcher, A.M., on "The Hairy Men of Japan or Anios," one of the most remarkable and little known races. Mrs. Fletcher is the second woman who has made them a study, and her paper abounds in fine illustrations of the people, their homes and gods.

Consul-General Merry continues his series on the Nicaragua Canal with a richly illustrated paper, showing the work accomplished and its effect on the Pacific Coast.

Miss Herrick writes entertainingly on Honolulu, her article showing fine pictures taken from life of the famous Hula dancers as they appeared before the late King.

Dr. E. L. Holden, of Lick Observatory, tells of the "New Star," while the frontispiece of the magazine shows a striking picture of this well-known scientist, who is doing so much to popularize this science.

The late Citrus Fair at Los Angeles is referred to in an article on the orange by M. C. Frederick, fully illustrated.

An article of great interest is on the "Recent Discoveries Among the Mound Builders of Ohio," by the World's Fair Commission, under Prof. Putnam of Harvard, the article being from the pen of his field assistant, Prof. Warren K. Moorehead.

Published in San Francisco; \$3 per year, 25 cents a number.

THE COSMOPOLITAN FOR APRIL.

With the April number, the *Cosmopolitan* completes its twelfth volume in a manner worthy the wide and growing popularity of this magazine. The *Cosmopolitan* is the most superbly illustrated of the monthlies, and the pictorial embellishment of the April number is rather above the average. The leading article is on "Genoa—the Home of Columbus," written by Murat Halstead, who recently visited the city, and illustrated from photographs of all the principal relics of the great navigator which remain in Genoa. "A romance of Old Shoes," by Miss Elsie Anderson de Wolfe, exhibits the best of the remarkable historical collection at Cluny. "Torpedoes in Coast Defense" is the title of a timely paper by Lieut. A. M. D'Armit, of the U. S. Army, with photographs and drawings by J. O. Davidson. Wallace Wood treats of "Homes of the Renaissance" in an illustrated paper, and William H. Rideing is the author of a delightfully written and profusely illustrated article on "The Crew of a Transatlantic Liner." "The Marriage of American Women to German Noblemen" is discussed by Elizabeth Von Wedel, an American who is now the wife of a titled subject of the Kaiser. Other papers are "The Theatre of Today," by Cora Maynard; "Two English Men of Letters," by

Brander Mathews; "All sorts and Conditions of Men," by Edward Everett Hale; "A Living Opal," by Ernest Ingersoll; and, "Count Leon Tolstoi," a description of the family life of the great Russian novelist and reformer, by a friend of his family. Beside all of these attractions, the April Cosmopolitan is rich in fiction and poetry. "The Rancho of Heavenly Rest" is a vigorous sketch of the southwest, full of action and local color. Its writer is Forbes Heermans, the author of "Thirteen" and more stories. The illustrations are by Irving R. Wiles. "Princess Ratazanoff," by Casimir M. Podgorski, is a characteristic tale of Russian court life in the days of the Czar Paul I. Frederic Remington has illustrated delightfully "The Rustic Dance," a poem by Irving Bacheller, and other verses have been written for this number by George Macdonald, Katherine Lee Bates, Charlotte L. Seaver and Sarah M. B. Platt.

The April (1892) number of the *Alienist and Neurologist* contains: "Surgical Cure of Mental Maladies"—Resume, by Dr. Guiseppe Seppilli, Italy; "Some Principles Involved in the Nature and Treatment of Inebriety," by T. L. Wright, M.D., Bellefontaine, Ohio; "Art in the Inebriety," by J. G. Kiernan, M.D., Chicago, Ill.; "Drug Habituation," by Lucius W. Baker, M.D., Baltimore; "The Epidemic Inflammatory Neurosis, or Neurotic Influenza," by C. H. Hughes, M.D., St. Louis; "Pessimism in its relation to Suicide," by Wm. W. Ireland, M.D., Scotland; "Classification of Insanity," by C. G. Chaddock, Traverse City, Mich.; "Report of a Case of Transitory Frenzy," by Theo. Diller, M.D., Pittsburgh; "Intermittent Paralysis," by L. Bremer, M.D., St. Louis; besides the usual selections, editorials, hospital notes, reviews, etc. C. H. Hughes, M.D., editor, 500 N. Jefferson Ave., St. Louis. Subscription, \$5.00 per annum; single copies, \$1.50.

PAMPHLETS RECEIVED.

URICACIDÆMIA, OXALURIA AND CYSTINURIA IN CERTAIN AFFECTIONS OF THE EYE. By W. Cheatham, M.D., Lecturer on Diseases of the Eye, Ear, Throat and Nose, University of Louisville, Ky. Reprint from the *Northwestern Medical Journal*.

NARCOTIC INEBRIETY. PAPER NO. I.—OPIUM. By C. C. Vanderbeck, M.D., Ph.D., San Francisco.

STRICTURE OF THE RECTUM. By Chas. B. Kelsey, M.D., New York., Professor of Diseases of the Rectum at the New York Post-graduate School and Hospital.

ANNOUNCEMENT OF THE TWENTY-NINTH ANNUAL COURSE OF LECTURES of the Medical Department, University of California; with Catalogue of Students and Graduates. 1892.

THE WORLD'S CONGRESS AUXILIARY OF THE WORLD'S COLUMBIAN EXPOSITION, 1893. Preliminary Address of the Pharmaceutical Committee.

THE ATMOSPHERIC TRACTOR AND THE UTERINE SAFETY TUBE. By P. McCahey, M.D., of Philadelphia. Reprint from the Southern Medical Record, November, 1891.

CONSIDERATIONS UPON MEDICAL HEMORRHAGE SURGICALLY TREATED. With a Successful Case, by a New Technique, of Saline Infusion for Severe Hemorrhage. By Robert H. M. Dawbarn, M.D., Professor of Operative Surgery and Anatomy, New York Polyclinic.

WATER AS A LOCAL ANÆSTHETIC: ITS DISCOVERY AMERICAN AND NOT GERMAN. Reprint from the New York Medical Record of November 14, 1891.

THE SURGICAL TREATMENT OF PYLORIC STENOSIS. With a report of fifteen operations for the condition. By N. Senn, M.D., Ph.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago. Reprint from the Medical Record, November 7 and 14, 1891.

THE WORK OF MEDICINE FOR THE WEAL OF THE WORLD. By C. H. Hughes, M.D., St. Louis, Mo. Reprint from the Alienist and Neurologist, January, 1892.

ASPIRATION OF THE KNEE-JOINT. With full details of operation and after treatment. By E. H. Woolsey, M.D., of Oakland, Cal.

A YEAR'S WORK IN ABDOMINAL SURGERY AT ST. LUKE'S HOSPITAL, SAN FRANCISCO. By Wm. H. Mays, M.D., Gynecologist to the Hospital. Reprint from Pacific Medical Journal, December, 1891.

THE APPLICATION OF SACRAL RESECTION TO GYNECOLOGICAL WORK. By E. E. Montgomery, M.D., Philadelphia. Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists, September, 1891.

SCOPE OF ORTHOPEDICS; THE FORMS OF CLUB-FOOT; TENOTOMY; THE ETIOLOGY OF CLUB-FOOT; TREATMENT, PLASTER-OF-PARIS BANDAGE. By H. Augustus Wilson, M.D. Reprint from the Medical and Surgical Reporter, December 5 and 12, 1891.

THE TECHNIQUE OF CEREBRAL SURGERY. By G. Wiley Broome, M.D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Woman's Medical College, St. Louis, Mo. Reprint from the Weekly Medical Review, November 21, 1891.

REPORT OF A CASE OF SPINA BIFIDA WITH PARTIAL MOTOR AND SENSORY PARALYSIS OF BOTH EXTREMITIES, COMPLETE PARALYSIS OF THE SPHINCTERS OF THE BLADDER AND RECTUM; DOUBLE EQUINO-VARUS, AND PURULENT BURSTITIS. By Augustus Wilson, M.D., Professor of General and Orthopedic Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine. Reprint from Transactions of American Orthopedic Association, September, 1891.

THE ASEPTIC CLOSURE OF LONG-STANDING SINUSES HAVING THEIR ORIGIN IN TUBERCULAR JOINTS. By H. Augustus Wilson, M.D. Read before the Philadelphia Academy of Surgery, November 2, 1891.

AN OUTLINE OF THE APPLICATION OF MICROSCOPY TO PHARMACY. By H. M. Whelpley, M.D., Ph.G., F.R.M.S. Presented at a meeting of the American Society of Microscopists.

THE WEATHER AND CLIMATE; CLOTHING; OBSERVATIONS IN THE UNITED STATES WEATHER SERVICE ON THE ETIOLOGY OF CATARRH AND CATARRHAL DEAFNESS; APPLIED METEOROLOGY. By George Wilkinson, M.D. Reprint from Omaha Clinic.

FOURTEENTH ANNUAL REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL, No. 1007 East Baltimore street, Baltimore.

TREATMENT OF LARYNGEAL PHTHISIS. By Robert Levy, M.D., Denver, Colorado. Reprint from The Medical and Surgical Reporter. Philadelphia: 3941 Market street.

ACUTE RETROVERSION OF THE VIRGIN UTERUS. Report of cases, with remarks upon the difficulty of their replacement. By William A. Edwards, M.D., San Diego, Cal., Fellow of the College of Physicians of Philadelphia, and of the American Paediatric and Pathological Societies; formerly Instructor in Clinical Medicine and Physician to the Medical Dispensary in the University of Pennsylvania. Reprint from Annals of Gynecology and Paediatrics, January, 1892.

EMPIRICI M—RATIONAL PRACTICE—PRACTICE UNDER GUIDANCE OF LAW. A lecture to medical students. By Charles S. Mack, M.D., Ann Arbor, Mich. Reprint from the North American Journal of Homeopathy, January, 1892.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

March, 1892.

CAUSE OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
CLASSES.	Deaths from all causes.....	67	12.37	37	30	11	2	36	18	63	2	2	
	Deaths under 5 years.....	12	6	6	6	1	1	1	1	1	1	1	
	I. Zymotic diseases.....	6	1.10	1	1	1	1	1	1	1	1	1	
	II. Constitutional diseases.....	19	3.50	1	1	1	1	1	1	1	1	1	
	III. Local diseases.....	20	3.55	1	1	1	1	1	1	1	1	1	
	IV. Developmental diseases.....	6	1.10	1	1	1	1	1	1	1	1	1	
	V. Accident and violence.....	4	.74	1	1	1	1	1	1	1	1	1	
	I. Typhoid fever.....	1	1	1	1	1	1	1	1	1	1	1	
	Typho-malarial fever.....	1	1	1	1	1	1	1	1	1	1	1	
	Diphtheria.....	1	1	1	1	1	1	1	1	1	1	1	
Measles.....	1	1	1	1	1	1	1	1	1	1	1		
Scarlet fever.....	2	1	1	1	1	1	1	1	1	1	1		
Smallpox.....	1	1	1	1	1	1	1	1	1	1	1		
Whooping cough.....	1	1	1	1	1	1	1	1	1	1	1		
Croup.....	1	1	1	1	1	1	1	1	1	1	1		
Pyæmia.....	1	1	1	1	1	1	1	1	1	1	1		
Septicæmia.....	1	1	1	1	1	1	1	1	1	1	1		
Diarrhoeal } Under 5 years.....	1	1	1	1	1	1	1	1	1	1	1		
Diseases } Over 5 years.....	1	1	1	1	1	1	1	1	1	1	1		
II.	Cancer.....	3	1	2	1	1	1	1	3	1	1		
	Scrofula and Tabes-mesenterica.....	16	9	7	14	2	15	1	1	1	1		
	Phthisis pulmonalis.....	16	9	7	14	2	15	1	1	1	1		
	Tubercular meningitis.....	16	9	7	14	2	15	1	1	1	1		
III.	Meningitis.....	3	2	1	2	1	3	1	3	1	1		
	Apoplexy.....	2	1	1	2	1	2	1	2	1	1		
	Convulsions.....	1	1	1	1	1	1	1	1	1	1		
	Diseases of nervous system.....	1	1	1	1	1	1	1	1	1	1		
	Diseases of heart.....	5	2	3	1	1	4	4	1	1	1		
	Aneurism.....	1	1	1	1	1	1	1	1	1	1		
	Bronchitis.....	1	1	1	1	1	1	1	1	1	1		
	Pneumonia.....	4	2	2	1	1	2	4	1	1	1		
	Diseases of respiratory system.....	1	1	1	1	1	1	1	1	1	1		
	Bright's disease.....	8	7	1	1	6	2	8	1	1	1		
	Enteritis, gastritis, peritonitis.....	2	1	1	1	1	1	2	1	1	1		
	Diseases of liver.....	2	2	1	1	1	1	2	1	1	1		
	Diseases of urinary organs.....	2	2	1	1	1	1	2	1	1	1		
IV.	Puerperal diseases.....	2	2	1	1	1	1	1	1	1	1		
	Inanition and marasmus.....	2	1	1	2	1	1	1	1	1	1		
	General debility and asthenia.....	2	2	1	1	1	1	2	1	1	1		
	Dentition.....	1	1	1	1	1	1	1	1	1	1		
V.	Suicide.....	1	1	1	1	1	1	1	1	1	1		
	Accident and violence.....	3	1	2	1	2	1	3	1	3	1		

Deaths from causes not enumerated in the above list: Rheumatism, 1; Influenza, 1; Locomotor Ataxia, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

Location for a physician. Address George S. Eveleth, M.D., Glendale, Cal.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of March, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	56	62	50	0	Mean Barometer, 29.99.
2	55	59	1	1.96	Highest barometer, 30.20, date 29.
3	54	63	45	.01	Lowest barometer, 29.80, date 2.
4	52	62	43	0	Mean Temperature, 56°.
5	56	65	47	0	MONTHLY RANGE OF BAROMETER:
6	58	71	46	0	Highest temperature 81°, date 8.
7	64	78	49	0	Lowest temperature 36°, date 30.
8	66	81	50	0	Greatest daily range of temperature 31°, date 26.
9	56	68	4	0	Least daily range of temperature 8°, date 2.
10	61	73	49	0	MEAN TEMPERATURE FOR THIS MONTH IN
11	56	62	49	0	1877..... 1882..... 55° 1887..... 59°
12	58	64	51	0	1878..... 56° 1883..... 57 1888..... 55
13	58	66	51	0	1879..... 58 1884..... 55 1889..... 59
14	57	62	52	0	1880..... 51 1885..... 61 1890..... 58
15	58	63	53	.05	1881..... 56 1886..... 54 1891..... 58
16	57	68	46	0	Mean temperature for this month for 13 years, 56°.
17	59	69	49	0	Total deficiency in temp. during the month, 61°.
18	56	62	50	0	Total excess in temperature since Jan. 1, 37°.
19	56	62	49	.17	Prevailing direction of wind, W.
20	51	59	43	.04	Total movement of wind, 2836 miles.
21	54	66	43	0	Maximum velocity of wind, direction, and date,
22	54	65	43	0	30, W., 30.
23	55	63	47	0	Total Precipitation, 3.39 inches.
24	60	75	44	0	Number of days in which .01 inch or more of
25	58	72	45	0	precipitation fell, 6.
26	60	75	44	0	TOTAL PRECIPITATION FOR THIS MONTH IN
27	4	60	48	0	1878..... 2.57 1883..... 2.87 1888..... 3.17
28	48	60	37	0	1879..... .49 1884..... 12.36 1889..... 6.48
29	52	61	42	0	1880..... 1.45 1885..... .01 1890..... .66
30	40	57	36	1.16	1881..... 1.66 1886..... 2.52 1891..... .41
31	51	62	40	0	1882..... 2.66 1887..... .29

NOTE—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., MARCH, 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cloudy	Direction	Total Mov't
Los Angeles.....	56.0	81.0	36.0	29.99	79.0	6	3.39	11	17	3	W	2,836
San Diego.....	56.0	73.0	44.0	30.01	78.4	10	.96	12	12	7	W	3,549
Santa Barbara...	55.3	63.5	47.8		77.0	8	2.95	15	7	9	W	3,550
Yuma.....	65.0	92.0	40.0	29.92	46.0	2	.52	23	8		W	6,016
Riverside.....												

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; George H. Pearod, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

Our Advertisers.

I CONSIDER Cactina Pillets a most valuable remedy in the irritable heart of smokers.

J. WALTON BROWNE, B.A., M.D., M.R.C.S., L.M.,
10 College Sq., N., Belfast, Ireland.

LUMBAGO.—A valuable internal remedy:

R. Ext. Cimicifuge fl. 1 oz.
Celerina [Rio] 7 oz.

M. Sig. Teaspoonful every four hours.

IN times past we have oft heard the complaint, "Wyeth's Hypodermic Tablets are accurate and to be relied upon, but it takes too much time to dissolve them." This cry can now no longer have voice, for their hypodermic tablets (excepting when dose is very small) now are made without excipient, and are readily soluble.

W. C. JONES, M.D., Yorktown, Ill., says: "Have found that S. H. Kennedy's Extract of Pinus Canadensis is a remedy of superior excellence in gonorrhœa. It seems to be a true specific. I first used it in a case which had withstood the action of our most popular remedies. Immediate relief and cure followed from the local use of S. H. Kennedy's Extract of White Pinus Canadensis."

THE beef of America, that feeds the hungry of all nations, is concentrated into an extract of delicious flavor, which is made into soups, gravies, stews, beef tea, etc., and has become a great favorite with those who know how to use it. The great "Rex" brand, made by the Udaahy Packing Company, of Omaha, is the purest and best in the market. It never spoils. Try a cup of it at the exhibit in the East Wing.—From the Portland Industrial Exposition Daily, October 14, 1891.

SINCE I first became acquainted with Terraline (about two years ago) I have used it very extensively and with most satisfactory results. As a remedy for the cough of phthisis, both in early and late stages, I know of nothing equal to it. Combined with creosote (one drop to a teaspoonful) it is extremely valuable, since, in this way, we can add to its own nutritive and soothing properties the antiseptic virtues of the latter drug.

J. EWIN MICHAEL, M.D.
937 Madison avenue, Baltimore, Md.

LACTO-CEREAL FOOD.—The enterprising and progressive firm of Reed & Carnrick are again in the field with a new and valued preparation called Lacto-Cereal Food, designed for invalids, dyspeptics, convalescents, the aged, and all who suffer from impaired nutrition or retrograde tissue. This food, besides being entirely palatable, contains twenty-one per cent of albuminoids: the amount required to attain and sustain the highest bodily vigor, as has been lately demonstrated by Dr. A. H. Church in his scientific experiments on English troops.

LOUISVILLE, Ky., March 18, 1892.

Messrs. Renz & Henry, Louisville, Ky.:

GENTLEMEN:—Regarding the success which has attended my use of the "Three Chlorides," it gives me pleasure to say that, after a thorough and extended test, both in private practice and college clinics, I can cheerfully testify to the excellence of the preparation. It would be difficult in a short letter to enumerate all the conditions in which I found it useful. Referring particularly to my gynecological work, I find that your preparation has a special adaptness for many of the cases which I am called upon to treat.

In many pathological states of the pelvic organs its decided alterative action is plainly evidenced in absorbing plastic deposits and in establishing a better nutrition and functional activity.

Very satisfactory results attend its use in anaemia and allied conditions in which amenorrhoea is a symptom. The preparation is very agreeable to take, does not interfere with the digestive functions: consequently may if necessary be steadily and satisfactorily given for many consecutive weeks.

I am glad that you publish the formula openly to the profession, stating not only the ingredients but the amount of each, so that the physician may easily determine its therapeutic indication and use it with precision in each individual case.

Very truly yours, JOHN EDWIN HAYS, M.D.

CHRONICLES.—Wonders will never cease. The present century has been filled with them in the constant progress of science and art and mechanics. Elderly men remember when there were no matches, steel pens, spool cotton or wood screws; when spectacles were considered an affectation, and opera glasses an impertinence, hooted out of a theatre; when gas was an outrage on daylight and whale-oil, and railroads an insult to common sense and horse-flesh.

The most astounding of the latter-day surprises have been the bountiful gifts of the unknown, but most beneficent and prolific

force, we call electricity. To be sure it was captured by our Ben Franklin in the middle of the last century, but it continued in its condition of primordial wildness until Prof. Morse, in comparatively modern years, succeeded in taming it and harnessing it to the Progress of the age. In these latter days, although it occasionally visits us with its old-time ferocity, when excited by tropical weather, it has become very tractable; helping us to talk and listen over the continent and under the sea, to retain transcriptions of speech and sound for future use, to give health to the sick and power to our energies, and now is gently invading our households to add to our security and comfort.

One of the most delightful of the minor accessories it furnishes to the household is the newly invented "Electric Lighter." This is a beautiful ornament for the parlor, dining room or chamber, always instantly responsive to a call for light, and of valuable service in other ways to the family.

It is operated by pressing the little button seen at the top of the center rod, when the light instantly appears at the opening under the ornament upon the upper band. It is made of highly polished nickel plate, is but six inches high and occupies only six square inches on the table or mantel. Its construction is so simple it can be readily taken to pieces, and as easily readjusted to working order. It needs no wires or connections, the current of electricity being generated by chemical action within the cylinder. It is perfectly safe, always secure, and a child can operate it.

THE Committee appointed at the last meeting of the American Medical Association to consider the best means for promoting the prosperity of the sections of the Association, will hold an adjourned meeting in the Hotel Cadillac, Detroit, Mich., June 6, at 3 p. m.

Members of the Committee are requested to notify the Chairman of their intention to be present at this meeting.

The committee would esteem it a favor if each member of the Association would communicate in writing his or her views concerning the best measures for promoting the development of the sections. Such communications may be sent to the Chairman of the Committee.

JOHN S. MARSHALL, M.D., Chairman,
9 Jackson St., Chicago.

MARCHAND'S PEROXIDE OF HYDROGEN.—A practical point in the cauterizing of chancroids that is frequently overlooked—the neglect often bringing failure—is that if any chancroidal pus be left after cauterization, reinoculation is liable to occur and defeat the object of the burning. Thorough cleansing, with oxidation of

all pus lying in the cracks and crannies of the membrane, with Marchand's Peroxide effectively prevents such a result.

WE desire to call the attention of our readers to our book advertisements. E. B. Treat of New York is the publisher of the International Medical Annual, and a series of works bound alike, known as Medical Classics. A glance at the list of these cannot but convince you as to their worth. Saunders of Philadelphia offers the best work on Medical Diagnosis published at the low price of \$4.00.

ANTIKAEMIA (OPPOSED TO PAIN).—Our attention has been frequently called during the past year to the claims made by the progenitors of Antikamnia, and as a result, after careful investigation, we submit the following as a compendium of our examination of its pathological and physiological action:

The therapeutic properties are antipyretic, antithermic, analgesic and anodyne. Klemmer of Germany makes a distinction between antipyretics and antithermics. He says: "Antithermics act only on the temperature; that is, they influence its reduction, while antipyretics influence the *cause* of the high temperature."

Fever is an acute derangement of all functions, the most important of which are acceleration of the heart's beat, and disturbance of the circulation; nervous disturbance; elevation of the bodily temperature; disturbance of nutrition, including secretion.

These four groups of symptoms may have one or two relations. One condition may be the cause of the other, or they may all be simply the result of a common cause. The nervous disturbances of fever may be summed up as a paresis or convulsions, stupor, coma or delirium.

Jergenson has found that there is a regular diurnal variation of temperature in health, precisely similar to that which is known to occur in fever; thus, the twenty-four hours is, as far as human temperature is concerned, divided into a diurnal and nocturnal period.

Burdon Sanderson says: "The only material difference between the conditions is that in fever the normal is 3.267° F. higher."

In health, there is in man a fixed mean and a normal temperature, having a regular rhythm; and this variation is beyond the control of all disturbing causes which do not force the organism beyond the condition of health. The maintenance of the normal temperature and its rhythm is dependent upon the nervous system, which within certain limits controls both the production and dissipation of animal heat.

So far as our present knowledge goes, the chief factor in controlling heat dissipation is the vaso-motor nerves, including in man such nerves as control sweat secretions; these nerves being able, by contracting the capillaries of the surface of the body and by drying the secretions of the skin, to reduce the loss of heat to a minimum, and by a reverse action to increase it to a maximum. The only nerve center proven to exist capable of influencing the heat production without affecting the general circulation, is situated in the pons varolii or above it; and whilst it may be a muscular vaso-motor center. it is more probably an "inhibitory heat center." Of whichever nature it may be, it must act through subordinate centers situated in the spinal cord.

In fever, vaso-motor paralysis, when produced, is followed by an immediate fall of temperature. Fever is, therefore, a state in which the depressing poison, or a depressing peripheral irritation, acts upon the nervous system which regulates the production and dissipation of animal heat. Owing to its depressed state, the inhibition center does not exert its normal influence upon the system, and consequently tissue change goes on at a rate which results in the production of more heat than normal, and an abnormal destruction and elimination of the materials of the tissue. At the same time the vaso-motor and other heat-dissipating centers are so benumbed that they are not called into action by their normal stimulus, elevation of the bodily temperature, and do not provide for throwing off the animal heat until it becomes so excessive as to call into action, by its excessive stimulation, even their depressed forces. The nerve centers, in some cases, seem to be completely inhibited. Antikamnia removes the pressure, by dilating the capillaries and the other vascular vessels, thus causing local congestion to disappear. It reduces the pulse rate, thereby slowing the heart. It controls the vaso-motor nerves, besides calming the whole nervous system, and thus has a general soothing effect. It is a valuable remedy as an antithermic; its action in this regard is well marked, sometimes reducing the temperature 2° to 3° F. in a few hours. It seems to have a better effect on the high evening temperature than upon the high diurnal temperature. An extreme degree of fever, with or without complications, is dangerous, and must be controlled; in addition to the direct subtraction of heat by cold applications, we must, with caution, have recourse to antipyretic remedies. A distinction must be drawn between fever and its pathogenic agent. Such an antipyretic as Antikamnia may not act on this agent, but may have an independent action and therefore have only a transitory effect, or it may influence this

agent in the same manner that quinine does the germ of malaria or influenza.

An additional advantage gained in typhoid fevers and all gastro-enteric fevers by the administration of Antikamnia in moderate doses, is that the alimentary canal is rendered alkaline, and kept in an antiseptic condition, and this is a most important condition to maintain in the treatment of all fevers.

The best results are obtained with Antikamnia when exhibited in small doses, repeated at proper intervals, and the most desirable vehicle is sherry wine or diluted brandy.

The duration of the effect of Antikamnia is longer than that produced by any of the other coal tar derivatives. It also seems indisposed to produce sub-normal temperature, as some of the others do.

In the pyrexia produced by exposure to the rays of the sun, which is common in India and in our large cities during the summer solstice, Antikamnia, in addition to cold douches, is the best remedy. Antikamnia reduces temperature by increasing radiation of heat from the body, and diminishing heat production. It stimulates the glandular system, particularly the sudorific glands. In many cases its action as a diaphoretic is phenomenal.

In some cases it has marked action on the mammary glands, producing an increase in the flow of milk. Antikamnia can be given to children without any ill effects, and is a reliable remedy. In pertussis, it keeps the paroxysms in check, and makes the patient more comfortable than any remedy we have. The cyanosis induced by its administration is nil: unless there is a peculiar idiosyncrasy, which is found sometimes, producing manifest heart disturbance. These are to be overcome by stimuli, or intravenous injections of salt. Antikamnia acts admirably in the after-pains of labor, in dysmenorrhœa, hemicrania, migraine, ordinary sick or nervous headache, in the pains of locomotor ataxia, the various neuralgias, epilepsy, and in the aching pains produced by la grippe and dengue. It exerts a decided beneficial influence in bronchial and pneumonic troubles, as well as the fever of phthisis.

It acts as an analgesic by obtunding the sensibilities of the vasomotor and sensory nerves. It seems to tranquilize the ganglionic centers of the whole nervous system, and has but slight action on the brain. We mean by this, that it does not stupefy or produce unconsciousness. It seems to have no disturbing influence on the kidneys. It has a happy effect in nearly all neurotic troubles, and is destined to occupy a permanent position in therapeutics.

Antikamnia is of the Amido-Benzole series, in combination, and is much to be preferred to any other of this class of derivatives.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, MAY, 1892.

No. 5

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Original.

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

TWENTY-SECOND ANNUAL MEETING, SAN FRANCISCO,
APRIL, 1892.

PRESIDENT'S ADDRESS.

BY O. O. BURGESS, M.D., SAN FRANCISCO.

Ladies and Gentlemen, Members of the Medical Society of the State of California:—We are assembled again—the twenty-second time in the history of this Society—for the various purposes of its organization. In the past these meetings have been productive of both pleasure and profit to all who took part in them; and, although I have been denied the power to sway men by the gift of oratory, I am exceedingly anxious that the present meeting shall furnish no exception to the rule. I am confident that I shall meet with your hearty coöperation in the effort to secure this desired result.

DR. A. W. SAXE.

But we are not all here. There are some of your members, I grieve to say, who will never again cheer our hearts by their presence, nor aid our deliberations by their wise counsel. Notable among these is one who, as an active and intelligent member and a most worthy President, commanded the admiration and respect of every one of us; and who, through a long, honorable and successful professional career, endeared himself by his rare and noble qualities of mind and heart to every one who had the pleasure of his acquaintance. Honored by his member-

ship and profited by his work, this Society can ill afford to lose such members as the late Dr. A. W. Saxe, of Santa Clara.

VALUE OF MEDICAL SOCIETIES.

With the rapid advancement of medical science—due largely to the labor and experience of specialists in its various departments—the value and importance of society proceedings are becoming better and better appreciated and understood. In this connection it is gratifying to see how we, in this distant State, are keeping abreast of our more favored fellow-workers in and near the great medical centers of the East. Activity, intelligence, close observation and hard study are factors in our society work which are certain to make themselves felt, and which are sure elements of success.

ADVERTISING.

They who contribute most of valuable material to society proceedings are contributing most to their own professional honor and success. They are advertising their knowledge and ability to the profession; and every medical man knows and feels the value of the respect and good-will of his professional brethren. He who would rise above the common level must not only have the requisite ability, but he must make known that ability to the profession, and to the public as well. These are times when the world moves with startling rapidity. The slow methods of former years, when only now and then a name and a reputation came up out of the murky level of mediocrity, have given way to the active and aggressive methods of today, by means of which vastly increased numbers force their way up to justly achieved notoriety and distinction. Given the talent and the education, the rest is done by hard work and advertising.

They who teach in the schools and clinics; who operate before classes and on-lookers; who write valuable treatises and intelligent articles for the journals; who read practical or interesting papers before societies, and who take an active and intelligent part in the discussions which arise there—all these advertise themselves whether they will or no. Through those who hear and see these things, and much more largely through the reports of the medical press, their names, their sayings and their doings are sown broadcast throughout the profession. In this way comes rapid distinction and success to those of recognized talents and acquirements.

Then, again, the daily labors of the painstaking and conscientious practitioner, who is careful to do his best for every case that comes to him, are an advertisement of his worth, which is sure to bring him reputation and work. To advertise, to keep one's self before the public, is as necessary to the physician as to any other man—and these are legitimate methods by which it may be done.

But now come, pushing themselves into the accepted order of things, other methods of advertising, which address themselves directly to the

public through the daily press. The remarkable eagerness for news developed in the modern public mind, and the astonishing enterprise, activity and ingenuity displayed by the press in supplying the demand, has created, among other things, a singular and insatiable craving for what may be characterized in a word as personality in journalism ; and, amid the innumerable interviews, notices and contributions of persons notable or notorious, the medical man finds a place with rapidly increasing frequency. The omnipresent and eager news-gatherer finds grist for his mill in reports of injuries, surgical operations and interesting medical cases, and it is only natural that he should often include the names of professional men concerned in these reports.

As society was shocked at first by the publication of matters held sacred to the domestic circle and the circle of tattlers immediately surrounding it, so was the dignity and ethical sense of the profession highly offended by personalities such as have just been referred to. But the times are changed. Society is now indignant if the press fails to herald its doings to the world, while the profession has reached a position of half tolerance, half protest, as regards the publication of matters personal to its members ; provided, always, that they appear in a proper way and in connection with items of genuine public interest as news. Otherwise they become simply poorly-masked advertisements, and are apt to return, like the boomerang, to destroy their instigators. The true origin of the code of ethics, written or unwritten, is in the conscience of honorable medical men. Now, conscience is not a fixed quantity, and may be greatly influenced by environment, education and habit of thought. But, although changes in public sentiment may modify the interpretation of codes and creeds, it can never so alter our unwritten code as to render it permissible for a medical man to advertise, in the usual acceptance of that term. But the time will come, if it be not already here, when the discussion of medical subjects and medical men by the daily press will excite no more unfavorable comment than the discussion of other men and other things. Already there is hardly an issue of the great dailies that does not contain from one to many items of medical news ; and I believe the day not far distant when their reportorial staffs will each include a regularly qualified medical man, in order to insure the proper conduct of this department of news-gathering. There is a popular demand for medical news and medical knowledge, and it is to the best interests both of the profession and the people that this demand should be properly supplied.

Education of the public in legitimate medicine is its best protection against the deceptive wiles of quackery. And the public press is the great popular educator. But the benefits of the publication of medical news by the daily press are not always to the laity alone. They are often reaped by the profession, and in a very valuable form. Take, for example, the history of Koch's tuberculin. After the news of its discovery had been flashed all over the world, the members of our profession fairly held their breath with eagerness and anxiety to learn every possible detail concerning it. And rapidly as those details were evolved

in the great centers of experiment, just so rapidly were they known to the profession in every quarter of the globe. The very rapidity with which the reputation of this discovery was driven through its experimental stages to its death, was largely due to the compelling power of the press, that often finds a way of forcing events for which it is waiting.

I am aware that I am upon delicate and debatable ground. And, in order that there may be no misapprehension of the statements I have made, let me repeat, that in my view, it is not now and never will be proper for a physician to advertise—using the term in its ordinary sense—and that to give out or to procure the publication of items which are rather vehicles of personal puffery than matters of interest as news, is the worst form of advertising, because it is masked and underhanded. On the other hand, personalities relating to physicians are appearing and will continue to appear in various forms, and, although still under protest, the tendency of professional sentiment is rather toward toleration of them, under certain restrictions, than the opposite. Finally, the publication of proper and reliable medical intelligence by the daily press is rather to be encouraged than condemned.

A SECRETARY OF PUBLIC HEALTH.

In no department of medical science have the labors of the profession been more promptly recognized and more thoroughly appreciated by the public than in that of preventive medicine. The disinterestedness of these labors is at once apparent, and their value is readily demonstrated by the results attained. So well, indeed, are their benefits understood that today the profession stands in an advisory, if not in an authoritative relation to nations, communities and individuals in all matters pertaining to the prevention of disease. In order to increase the efficiency of this work, and to render it more authoritative, there are two movements on foot to which I wish to call your attention. The first is now in the form of a bill introduced in Congress by Senator Harris, Chairman of the Committee on Epidemic Diseases, which provides for the establishment of a National Board of Health, to be under the control of the Treasury Department, and to consist of seven members; these members to be sanitary scientists, appointed by the President, by and with the consent of the Senate, and to receive salaries of five thousand dollars each. Three medical officers are to be detailed from the Army, Navy and Marine Hospital Service, respectively, and a legal member is to be assigned from the Department of Justice.

The second movement, and one to which I wish more especially to invite attention, first assumed definite form in a report by a special committee to the American Medical Association at its last meeting. The report ended by asking the adoption of the following resolution:

Resolved,—That the President of this Association appoint a committee to memorialize Congress, at its next session, on the subject of creating a Cabinet officer to be known as the Medical Secretary of Public Health.

This resolution was adopted and the committee was duly appointed. The report just referred to was a most able one, and presented very fully the reason why such an office should be created, the duties that would pertain to it, and the benefits to be derived from it. Through the efforts of the committee then appointed by the American Medical Association to petition Congress, a bill has been introduced in the House of Representatives by Hon. Mr. Caldwell, which embodies pretty fully all that the committee asked for. It is believed that this bill will eventually supersede that of Senator Harris, above referred to. I am informed that these movements are attracting a good deal of attention in high places. Indeed, my attention was first called more especially to this subject through the publication in the Medical Record of the following extract from a letter written recently by Secretary Noble to Dr. Starling Loving, of Columbus, Ohio :

"Individual effort," says the Secretary, "has done wonders in detecting the sources of danger to communities, and the discussion of such discoveries has interested every household. But, liberal as the medical profession is, and has in our country proved itself at all times to be, it is not fair nor polite for us to leave it unsupported and nationally unrecognized. The international communication of intelligence that would follow the organization of a Bureau of Public Health would not only preserve our own inhabitants from many physical ills, but would greatly serve to strengthen the sympathy between all civilized peoples who would correspond and coöperate with us. They would feel the same beneficent influence of the system as we would realize."

These are brave words, and do credit alike to Secretary Noble's heart and head. The profession would be not only grateful for the recognition of its services, as proposed, but proud of the creation of a new goal of ambition for medical men in a Cabinet position as Secretary of Public Health.

In a letter just received by me from Dr. Loving, he says that Secretary Foster, as well as Secretary Noble, Senator Sherman, and a large number of influential men outside the medical profession, are working for the bill, which leads to a feeling of some assurance that it may go through, although not without opposition from certain quarters. He adds that he has been informed the President favors the scheme; but how reliable that information may be he cannot say. I wrote to Dr. Loving that it seemed to me that if the State Medical Societies would each appoint a special committee to urge the subject of this bill upon their Senators and Representatives in Congress, it ought to be of material service to the movement. Dr. Loving strongly approved of this suggestion, and forwarded it to Dr. Comegys, of Cincinnati, who is chairman of the committee to memorialize Congress, and one of the most active promoters of the scheme.

I have referred to this subject somewhat at length, because I feel deeply interested in it; and I would suggest the appointment of a committee, or the reference of it to the Executive Committee, to give it con-

sideration, and to report what action, if any, should be taken in the matter by this Society. The text of the Caldwell bill may be found in the Journal of the American Medical Association for April 2, 1892.

Since writing the above, I have received a letter from Dr. Comegys, inclosing copies of the memorial, and urging us to adopt it and communicate our approval to our Senators and Representatives without delay. The urgency of the matter rests in the fact that Senator Harris has stated that the Caldwell bill cannot be favorably reported by his committee (the Committee on Contagious Diseases, of which he is chairman), but that he intends to push his own bill, placing everything concerning public health under the charge of the Marine Hospital Service. The doctor's comment is that Harris is opposed to giving any rank or proper dignity to the medical profession.

NATIONAL LAW REGULATING PRACTICE.

In this connection, permit me to refer to another subject which has claimed considerable attention, and that is the need of a national law regulating the practice of medicine. The principal object of such a law would be to secure uniformity of action throughout the States and territories. Indirectly, it might be made to regulate the standard of medical education to a considerable extent, and thus secure greater uniformity in the curriculum of the schools. A national standard, as to the requirements necessary to a medical education, would possess many advantages. An especial advantage would be obtained by making it sufficiently high to command recognition of American diplomas in all other countries of the world. These are subjects worthy of profound consideration and of intelligent action.

EXPERT WITNESSES.

Another matter deserving a word in passing, is the proposition to so regulate the function of expert medical witnesses that they shall be simply explanatory and non-partisan, and also advisory to the Court. If medical experts were not permitted to take sides in a case, their testimony would better serve the ends of justice, and would reflect more credit upon themselves and the profession. It might not suit so well, however, the purpose of scheming lawyers.

THE PAN-AMERICAN MEDICAL CONGRESS.

I am requested by the Secretary-General of the Pan-American Medical Congress to call your attention to that movement. The constituent countries of the Congress include the West Indies and several islands of the Pacific, as well as most of the countries of North and South America. The first Congress will be held in the city of Washington, on the 5th, 6th, 7th and 8th of September, 1893. But it is required that contributors shall forward abstracts of their papers, not to exceed 600 words each, to the Secretary-General, Dr. Charles A. L. Reed, of Cincinnati, Ohio, not later than July 10, 1893, in order that they may be translated

into the various languages to be used, and published in advance, for the convenience of the Congress. The registration fee for residents of the United States will be \$10. No fees will be charged to foreign members. Each member will be furnished with a set of the transactions. The organization of the Congress seems very elaborate and complete, there being no less than twenty-one distinct sections. I am pleased to note that our distinguished fellow-member and ex-President, Dr. L. C. Lane, has been honored with the representation of this State upon the Board of Trustees. If any action is required regarding the credentials of delegates to this Congress, it may be taken now or postponed until our next annual meeting.

It is time, also, to begin to think of the next International Congress.

Our Committee of Arrangements admonish us that brevity in our proceedings will be necessary to their completion. I will, therefore, set the example, and close with many thanks for your kind attention and indulgence.

ABSTRACT OF THE REPORT OF THE COMMITTEE ON SURGERY.

BY W. LE MOYNE WILLS, M.D., CHAIRMAN, LOS ANGELES.

AN EXPERIMENTAL STUDY IN PNEUMONECTOMY AND LUNG SUTURE.

The general acceptance of the "germ theory of disease" has, during the past decade, greatly stimulated investigation and research. To bacteriology is due the marvelous advances that have revolutionized surgery. The surgeon of today, with a thorough appreciation of the importance of asepsis and antisepsis, is no respecter of tissues, and has been enabled to relieve suffering and make life possible where in former years there was only hopelessness and death. Operations upon the peritoneal and cranial cavities having become an established procedure, the thoracic cavity next claimed the attention of the progressive surgeon. While the operation of thoracentesis is as old as Hippocrates—having in fact first been described by him for the relief of pulmonary abscess and empyema—thoracoplasty, pneumonotomy and pneumonectomy are essentially modern. Thoracoplasty, first suggested by Létrévant for the relief of empyema, was subsequently performed and described by Estlander. Pneumonotomy, for the relief of abscess, gangrene and cysts, has become an established operation, and under strict antisepsis has given good results. On the other hand, with the exception of the removal of small portions of lung tissue occurring as traumatic herniæ, or the extirpation of rare superficial tumors, pneumonectomy is essentially a new operation.

The speaker had found much difficulty in selecting a subject that would be suitable, and had finally determined to personally investigate the operation of pneumonectomy, and the present paper embodied the results he had obtained. He believed that within the next ten years

pneumonectomy, from being a curiosity of the laboratory, would rank with other operations for the relief of conditions within the abdominal and cranial cavities. Before this was accomplished, however, much laborious research and experimentation on the lower animals would be necessary; but, with improved methods, this could now be done with a minimum of suffering. He had originally intended to experiment on various domestic animals, but finally decided to make use of rabbits only. These were selected from being more easily obtainable, and because they were more manageable in the laboratory; their low vitality also naturally diminished the chances of recovery after operation, so that in the event of recovery the experiments were more conclusive. Other investigators have used rabbits, notably Zakharevitch, who had only two fatalities in thirteen operations. A committee of the Stillé Medical Society of the Undergraduates, University of Pennsylvania, had used dogs. In the first series of experiments all the animals died, from shock or later septic complications. In a second series of experiments the results were much better, and the committee considered that the same *technique* might be adopted in surgery, as none of the steps depended upon any anatomical peculiarity.

The speaker said if there was any claim to originality in his experiments it lay in the attempt to determine, by repeated operations on the same animal, the limits of surgical interference. He had followed the methods employed by Dr. Willard in experiments on dogs, and thought the difficulty alluded to by that operator in retaining dressings on the dog was more than offset by the greater strength of their lung tissue when contrasted with the friability of that in rabbits. The latter animals, from their excessive timidity, were very prone to die from shock, and this could be the only explanation of deaths that had taken place during his work without pathological changes to explain them.

The object of the experiments was to ascertain the following facts: (1) The ease or difficulty with which various operations may be carried out upon the chest and lungs of rabbits. (2) What part or parts, and how much lung, can be removed with safety.

In rabbits, owing to the large size of the scapulæ and pectoral muscles, approach to the upper spaces is very difficult, especially as an incision through different layers is only to be made when the leg is drawn into an unusual position. When the rabbit is walking about, the wound, through tissues and muscles loosely attached to one another, is tortuous and apt to retain the products of wound-healing. The lungs of an adult rabbit—weighing five or six pounds—weigh from two and one-half to four drachms, the right being considerably larger. There is great similarity in arrangement of parts between the rabbit and man, particularly in the anatomical relations of lungs, diaphragm, ribs, etc. The place of easiest operation is, for upper and middle lobes, close to sternum, in second or third space; and for lower lobes, third and fourth intercostal space, in front, or posteriorly, beneath scapula, in sixth or seventh space. Pneumonectomies can be done almost anywhere, but most easily opposite the root of the lung, from second to fourth inter-

space, as there the least respiratory traction will be met. The chief difficulty in operating is the delicacy and friability of the lung tissue and the maintenance of the proper degree of anesthesia. Where this was insufficient, struggling ensued when nerves were touched; and too much ether was either immediately fatal or necessitated resuscitation. Another difficulty is the impossibility of keeping the animal and parts operated upon in a state of rest.

The rabbit can live with one lung if that be uninjured, and can live, apparently, well with the lower lobe removed on one side, and that on the other rendered of little service by suturing to the chest wall. This subject might have been pushed, but for fear of going too far and losing some of the animals, when it was desired to have them live as long as possible after the operation. It is quite certain that the pleura is much more tolerant of interference than is usually supposed, and is quite as long-suffering as the peritoneum. In but one case was there any spread of inflammation. After two or three weeks a wound of the pleura will be obliterated and hard to find.

The rabbit exhibits considerable resistance to sepsis. In the first operations the wounds were allowed to go too long without dressing, and discharges were retained; yet throughout the whole series, no matter what was the physical condition, there were never any evidences of constitutional sepsis. On account of the timidity of the animal no attempt was made to take the temperature. When well they ate and ran about freely; when ill they were very quiet. The only way to learn their real condition was to watch them from a distance before going into the pen, when the character of the respiration, which is at all times more rapid than in man, could be noticed.

The greatest care was taken and the most approved methods employed to render all operations as nearly aseptic as possible; though this was really comparative, in animals with fur and skin and living with others in a pen. Shaving the fur was found to be too severe for the delicate skin of the rabbit and it was given up, and the fur closely clipped without any difference in the results. Iodoform was used freely to dust or fill wounds. A saturated solution of iodoform in collodion was used to cover the external wound, pedicle of lung or sutures, and to seal suture holes in skin where no external dressings were used. Wounds were sutured in various ways, with interrupted and with continuous sutures *en masse* and layer by layer, and where the tissues were carefully approximated and no spaces left the wounds healed most rapidly and satisfactorily. The skin was not allowed to close until the deep wound had healed. The same operations were dressed differently in every possible way to see results, but no difference was noticed.

The whole number of operations done was twenty-seven in twenty rabbits. Of these there were pneumonectomy, eight; attempted pneumonectomy—laceration of lung, chest packed with gauze—four; thoracotomy (operation stopped at this point from bearing ether badly or other causes), three; suture of lung to chest-wall, eight (three primary, five secondary operations); pneumonotomy, one; accidents, three (too much

ether one, hemorrhage and shock two). The following six cases, illustrating pneumonectomy, attempted pneumonectomy, with laceration of lung and chest packed with gauze and lung suture, were reported, and the specimens from each exhibited:

CASE I.—*Pneumonectomy—Right Lower Lobe.*—Female rabbit, five pounds; operation February 4, 1892. Hair clipped and shaved; etherized; incision over seventh interspace, right side. Slight bleeding and retraction of different layers of muscles. Pleura opened in seventh space; lung seized with ring forceps, drawn through chest-wall, and sutured to intercostal muscles with five deep sutures. Ligated lung; sutured deep and superficial muscles separately, and left pedicle of lung outside; applied iodoform collodion to pedicle, skin drawn closely about pedicle, and collodion again applied. Ether stopped, one drachm having been given. Dressed with sterilized gauze, cotton and gauze binder applied. Time, forty minutes. Reaction rapid; respiration excellent: no rales. February 10—External wound healed; no pus; washed with bichloride sol. (1:2000). February 21—Removed skin sutures; found considerable cheesy matter evidently from stump of lung; cleansed with peroxide of hydrogen (Marchand's); packed cavity with gauze. February 24—Redressed; less cheesy matter; wound curetted and peroxide applied; wiped dry and applied dry dressing; no gauze in wound. March 8—Almost healed; small lump of hard, cheesy matter at skin opening; dressed with iodoform collodion; no gauze. March 10—Wound scabbed over; rabbit well. *Autopsy:* April 15—Rabbit killed; wound in right side seen only in skin and deep muscles; seventh space depressed. Large amount of upper and back part of lower lobe removed; most of upper and middle lobes adherent to fifth and sixth interspaces. Lower lobe below wound attached by firm adhesions to eighth and ninth space; some adhesions to diaphragm. Pleura not otherwise involved; upper and middle lobes somewhat dark in color; lower lobe healthy and inflated.

CASE II.—*Pneumonectomy—Right Lower Lobe.*—Female rabbit, six and one-half pounds. Operation February 18, 1892. Clipped hair; scrubbed and etherized; incision over seventh interspace, right side, below and behind scapula, when drawn forward; pleura opened, upper part lower lobe caught and drawn out of wound and sutured in intercostal space; considerable bleeding; closed intercostal wound with four catgut sutures through lung and muscles; one around two ribs to maintain pressure on pedicle; deep muscles, superficial muscles and skin sutured separately and drawn snugly about pedicle; iodoform collodion applied; sterilized cotton and gauze dressing. Time, thirty minutes; reaction good. February 25—Outer wound healed and scabbed; opened wound; some cheesy material between muscles; cut and removed catgut sutures; soft, and all but one unchanged; cleansed with peroxide, dusted with iodoform and packed loosely with gauze to prevent skin healing too soon for deep wound; dressed, thick compress and bandage. March 5—Went too long overlooked; wound through muscular layers

filled with cheesy matter; curetted; wiped out with bichloride gauze and iodoform applied, outer wound kept open with gauze. March 10—Removed gauze; wound very shallow; dressed with bandage only. March 12—Bandage removed as litter of four rabbits were born; sealed wound with collodion. March 20—Wound healed. *Autopsy:* April 15—Rabbit killed; weight six and one-eighth pounds; lungs fully inflated and normal; lower lobe attached firmly at seventh and eighth spaces to edges of intercostal wound; no other adhesions; upper half lower lobe removed; except scar in skin, no evidence of operation until rib muscles were reached; seventh space depressed.

CASE III.—*Attempted Pneumectomy.*—Female rabbit, six pounds. Hair clipped, disinfected and etherized; incision left side, fourth interspace; too much ether; revived by aromatic spirits of ammonia; great difficulty in keeping under ether, and when lower lobe was caught and drawn through intercostal incision, animal struggled and lung began to pinch off; second forceps applied, but lung was torn and dropped back into chest cavity; a strip of sterilized gauze was hastily packed into the pleural cavity, firmly into apex, less firmly downward, so as not to press on heart; intercostals, skin and muscles hastily sutured and gauze allowed to protrude from wound; some puffing before suturing was completed; iodoform collodion applied; one hour after, rabbit had reacted well; some rales over left chest; three hours later external antiseptic dressing applied. February 17—Rales and emphysematous sounds; no evidence of discomfort. February 21—Removed dressing and sutures; some cheesy material found among muscular layers; gauze tightly adherent to deep muscles and lips of intercostal wound; gauze strip only partially removed from within thorax for fear of setting up hemorrhage; fresh gauze packed in behind first to give pressure. February 24—Gauze packed in wound at last dressing removed; cheesy material covering wound in deep muscles scraped off and thoroughly cleansed, dusted with iodoform; gauze in pleural cavity withdrawn a little more, and found one intercostal suture had been passed through gauze strip, preventing otherwise rapid removal; fresh gauze packed in about old gauze plug; wound in excellent condition. February 28—Removed twelve-inch strand of gauze, cut stitch in intercostal wound; no pus; dusted with iodoform; packed wound with dry gauze. March 1—Withdrew fifteen-inch strand of gauze thick as a lead pencil; found serum in chest cavity, wiped out with bichloride gauze, and loosely packed entire wound; dressed, compress and bandage. March 5—Dressing and packing removed; wound curetted; no packing; wound looking very well; compress and bandage; rabbit in excellent condition. March 13—Wound very shallow; thoroughly dressed; no bandage. March 20—Entirely healed. *Autopsy:* April 13—Rabbit killed; no loss of weight; adhesion of two pleural surfaces with some effusion; lungs normal; inflated with blow-pipe fully; on cutting through healed wound in fourth interspace, a strand of gauze was found.

The following case is a contrast, the gauze that had been packed in the chest during the operation not having been subsequently removed:

CASE IV.—Resection of Third and Fourth Ribs—Attempted Ligation of Lung in Chest.—Operation March 20, 1892. Female rabbit, six pounds; incision in left side behind leg, stretched forward; ligated ribs for vessels and cut between them; no bone removed; caught lung with right-angled forceps and tried to ligate the withdrawn lung, but it tore off and dropped back; chest quickly packed with two strips of bichloride gauze, ends projecting, and placed pad of gauze over ribs, completely filling wound. Thick gauze compress over all, lamb's wool and bandage; very weak, but revived with whisky and water, and in two hours doing well. March 23—Removed dressing; wound in good condition; no cheesy matter. Found gauze in pleural cavity moist; cut off projecting ends at intercostal space, and left packing within chest. Deep and superficial wound dusted with iodoform, bichloride gauze; compress over wound, wool and cotton well up under leg. Plaster-of-Paris bandage applied; very difficult to get bandage stiff enough and far enough up under foreleg to prevent movement and not to be cruel to animal. March 27—Removed plaster bandage; had done some good by limitation of movement; not so much cheesy matter; seems to be a fatty degeneration of connective tissue. Iodoform, no gauze; re-applied cast with firm compress beneath; no attempt made to remove gauze in deep wound, which was left as foreign body to see results. March 31—Removed cast; wound closed on compress; large amount of cheesy matter retained, and welling up from deep wound; cleansed, iodoform, firm compress and cast reapplied. April 5—Found pus in wounds; syringed out with bichloride solution 1:2500, and curetted wound. Pleural cavity apparently closed. Muscular wound long and tortuous; friction not entirely stopped by cast; enough gauze packed in wound to keep skin apart; dressed, compress and bandage only. *Autopsy:* Rabbit killed April 12; wound in skin and muscles opened; considerable cheesy matter in track of wound, which had the appearance of a sinus. Intercostal wound closed by gauze and cemented by cheesy material. Left pleural cavity so tightly packed with gauze that it encroached on the other side behind the heart. Gauze firmly adherent to parietal pleuræ and agglutinated together; could not be removed from cavity without considerable force; diaphragm attached to gauze and held high on left side. Right lung healthy; fully inflates from trachea; upper left lung above second rib collapsed; respiration entirely with right lung.

CASE V.—Lung Suture—Secondary Operation on Case I.—Operation April 1, 1892. Two sutures passed in left side through skin and deeper tissues; lower suture through tenth and out ninth interspace, from angle of rib toward sternum, inserted deeply to catch diaphragm as well as lung; upper suture in eighth and out sixth, toward sternum,

through lower lobe, both drawn firmly and tied on skin; iodoform collodion applied to seal sutures and stitch-holes; condition good as before; respiration good. *Autopsy*: Abdominal viscera normal; cheesy pus within and without thorax in course of catgut sutures and in left lobe of liver, into which lower suture passed; lower lobe of lung, diaphragm and liver adherent to chest-wall from sixth to tenth rib; upper lobe and upper back part of lower lobe normal and inflated; condition of rabbit not changed, though altogether not more than one lung to breathe with; no evidence of sepsis.

CASE VI.—Lung Suture—Secondary Operation on Case II.—Operation April 1, 1891. Three sutures passed on left side through skin and deeper tissues, put in deeply to catch diaphragm if possible. One in eighth and out sixth space; second in eighth and out seventh space; third in seventh and out sixth space; sealed suture and stitch-holes with iodoform collodion; no attention required. *Autopsy*: Sutures in position holding lower lobe of lung, diaphragm and liver, against chest-wall from seventh to ninth rib; pleura perfectly smooth, healthy, and lung inflated; only a trace of softening about sutures; no deposits of pus within or without thorax, and no signs or evidences of sepsis.

Conclusions.—The speaker, as the result of his experiments, had arrived at the following conclusions:

1. Do not suture skin wound except for purposes of pressure, as it heals too fast for deeper tissues and retains discharges, and seems to provoke formation of, or at least to retain, cheesy matter.
2. Close external wound with interrupted sutures, skin and muscles are so loose that they pucker and do not heal rapidly.
3. Suture deep muscles layer by layer very carefully, so as not to leave spaces, and to superficial muscles, but not to skin.
4. Leave no more stump of lung than necessary, and the smallest pedicle which will be safe.
5. Without any constitutional evidences of sepsis (the greatest care and cleanliness being used), it seems that rabbits have a tendency to the formation of a cheesy pus in the healing of all wounds, operative or otherwise.*

DISCUSSION.

Dr. R. A. McLean, of San Francisco: I think the Society owes Dr. Wills a vote of thanks for this very interesting and instructive paper. It points out some facts, and gives rise to thoughts on the possibilities of surgery of the lung to be developed. It has occurred to me very often, in considering the condition of the lung in which operative interference might be of benefit, the great danger and difficulty of reaching the lung tissue through the pleura. We have an entirely different condition of physical disposition of parts in considering the thoracic and peritoneal cavities. In the peritoneal cavity we have a lax wall which accommo-

*This cheesy material was carefully examined on several occasions by Dr. George Lasher and Dr. Lula T. Ellis, who found that it consisted of pus, broken-down granulation tissues, young cells, bacteria, but not tubercle bacilli.

dates itself to the viscera. That, of course, is not so with the thorax, the ribs preventing the collapse of its walls. The lung collapses at once as soon as the pleural cavity is opened. Now, in the experience I have had in lung surgery, this has been the element of the greatest difficulty and danger. If pleurisy is set up, in the majority of cases it carries the patient off, or at least greatly prolongs the period of confinement. I have not carried out any experiments looking toward uniting the visceral with the parietal layer of the pleura, but I imagine that if it were practicable to set up a sufficient inflammatory action to unite these, the greater part of the danger in lung surgery would be removed. The number of cases of circumscribed abscess of the lung, upon which I have operated—probably congestive abscess, possibly some cases of tubercular abscess—have all done well, and have given rise to no greater reaction than the ordinary connective tissue abscess, simply because the visceral and parietal pleura had already united from inflammatory action. I would suggest, in Dr. Wills' future work, that he institute some experiments looking toward the most efficient way of securing inflammatory adhesion between the visceral and parietal layer of the pleura; for instance, the resection of one or more ribs, packing the wound with antiseptic gauze, or possibly with some escharotic, the idea being to obtain a traumatic inflammation sufficient to seal the cavity of the pleura. In that way we would have a simple surgical proposition; the substance of the lung could be opened, and experimentation carried still further after having secured this adhesion, by making various incisions into the lung itself, removing portions of the lung tissue if need be, and packing the cavity with gauze. We could then see to what extent the interference with lung tissue could be borne without danger of death or of serious symptoms supervening. With regard to the removing of any portion of the lung tissue I have had no experience. In those cases of traumatic hernia, the force of the injury causing the wound was sufficient to press in the ribs around the lung so that it was protruded. The adhesion between the lung tissue and the lips of the wound was such as to seal the pleural cavity, so that when the lung was excised the pleural cavity was shut off. It seems to me this is the great problem to settle. When that is accomplished, I think lung surgery will be greatly simplified.

Dr. G. F. Shiels, of San Francisco: I think we cannot help congratulating Dr. Wills upon the efforts he has made in the direction of clearing up the subject of lung surgery. It seems to me that all through his paper he tends to agree with Dr. Mclean that the most danger in regard to this subject is the pleural cavity, just as you have the danger in abdominal surgery with the peritoneal cavity: and if I understood him correctly he thinks it is possible to suture the visceral and parietal layer of the pleura, and thus shut off the danger. His experiments have gone a long way in helping us out in a class of surgery which, as we all hope, will become more prominent in the next decade, namely, the cutting down on cavities in the lung and scraping them out and treating them on broad surgical principles.

Dr. Wills, in replying, said: I did not bring out the matter of suture of the lung sufficiently, for lack of time. I have one case that I can exhibit where suture of the lung was made primarily and secondarily, and I cut down on the adhesion and packed that wound with gauze, and the rabbit lived nine or ten days, until I was ready to kill it. In all these eight cases of lung suture to the thorax the adhesions were firm enough to have operated and done anything to the lung that remained. Also in the case of the pneumonectomies, which recovered, the attachment of the visceral pleura to the interspaces through which the lung was pulled out and clipped off was perfect. Another point that has been proven is, that the adhesion formed by the visceral pleura to the thorax did not extend beyond a reasonable limit from the wound of operation;

and if the time had not been too short, the operation could have been made of resection of a V-shaped piece through the wound of adhesion formed by the pneumonectomy previously performed. I did resect rabbits in two cases, and have those specimens to exhibit. In one of them the attempted pneumonectomy was substituted by packing the chest with gauze, which remained in one case to recovery, and was gradually removed in the other. In another one, where the pressure was taken off too rapidly, the rabbit died. I regret not having made more in the paper of the possibility of cutting down on the lung and making it adhere to the thorax, whereby the pleura would be entirely cut off. The pleura in most of these cases, outside of the point of operation, was absolutely smooth; there was no pleurisy, which goes to prove that the pleura is not so sensitive in the rabbit as is ordinarily supposed; and you can pack it with gauze and pull it out and the thorax will remain smooth, and the rabbit will live very comfortably with one lung or its equivalent. The lower portion of the lung may be cut out or sutured in such a way as to render the organ of about one-half of its normal capacity. I think a great deal can be done in this line.

**ABSTRACT OF THE REPORT OF THE COMMITTEE ON
GYNECOLOGY.**

BY W. A. BRIGGS, M.D., CHAIRMAN, SACRAMENTO.

***THE SEPTIC ORIGIN AND ANTISEPTIC TREATMENT OF CHRONIC
ENDOMETRITIS.***

The causes of endometritis may be advantageously divided into predisposing and exciting, and the former again into systematic and local. The systematic predisposing causes embrace all of those general conditions that favor suppuration. Foremost among these is the tubercular diathesis. Syphilis, chlorosis, rheumatism, gout, the acute exanthemata and herpes, exert a similar influence. Among the local predisposing causes, two may be placed above all others, namely, denudation of the tissues and the production and stagnation of media suitable for the nutriment and propagation of pathogenic microorganisms. These conditions are furnished in their most exquisite form by the physiological traumatism accompanying and following menstruation, abortion, miscarriage and parturition. Traumatism of the genital tract, of whatever origin, falls in the same category. Cotton or lamb's wool dressing, if not antiseptic, or if retained indefinitely, affords the best possible nidus for the lodgment and multiplication of bacteria and their subsequent infection of the uterus. The recumbent position in childhood, or in disease, hinders the discharge of the lochia and secretions, while flexions, growths in or about the uterus, and backward displacements, hinder the uterine circulation, produce stasis, impair the local nutrition, and favor excessive secretion. Constipation acts in the same way, besides impairing the general health and the nutrition of the uterus itself. An open vulva, due to rupture or relaxation of the perineum, laceration of the cervix, especially when associated with vaginal leucorrhea and uncleanly habits, as well as mere prolapse, favor infection.

But any or all of these conditions may exist without inflammation. Something else is needed; something else is absolutely essential to the genesis of endometritis. This something else is infection — an opinion first promulgated by Schroeder and since abundantly confirmed by the bacteriological researches of Peraire, Winter, Doléris and numerous others. With gonorrheal and tubercular endometritis their specific cocci and bacilli are invariably associated in causative relation. Since the days of Semelweis, every possible scientific requirement in the demonstration of the microbic origin of puerperal fever and the allied infections has been met and satisfied. But endometritis, dating from puerperal inflammation, is but a continuation of the original infection. The same cocci, the same bacteria, may be found in the uterus, maintaining the inflammation they previously excited. In endometritis, of whatever origin, these microorganisms are invariably present, while they are as invariably absent from the healthy uterus. They may, then, justly be regarded as the real pathogenic agents in endometritis.

If our etiological conclusions be correct, in the cure of this disease we must first establish an aseptic condition of the uterine cavity. In the second place we must, as far as possible, restore the endometrium to its normal anatomical condition. Lastly, we must remove the conditions favorable to the recurrence of the original trouble.

Antisepsis may be termed the "enabling act" of surgical gynecology. This is especially true of surgical procedures *per vaginam*. Without adequate antiseptic precautions the slightest abrasion may result disastrously. But antisepsis is not only the "enabling act" of surgical gynecology; it also constitutes the essential therapeutics of endometritis. And I make bold to suggest that Mr. Tait and his disciples deprecate what they contemptuously denominate "uterine tinkering," either because they do not apprehend these facts or because they ignore them.

The importation of pathogenic microbes should be prevented by the absolute interdiction of sexual relation during the whole course of treatment. Neglect of this precaution, no doubt, is not infrequently responsible for the failure of otherwise rational and painstaking treatment. Sexual intercourse having been relinquished, the vulva should be thoroughly disinfected. The vagina should then be irrigated; first, with an alkaline solution consisting of one ounce of common table salt dissolved in two quarts of warm water, and then with the antiseptic fluid, which may be either a quart of mercuric chloride solution (1:2000) or the same quantity of creolin (.5 to 1:100). These ablutions and injections should be used twice daily, and always just before visiting the physician's office. Before invading the uterine cavity with the sound or applicator, the physician should carefully cleanse the cervical canal, which is greatly facilitated by the free use of some alkaline powder. When the secretion accumulates and stagnates, I have found it advantageous to cleanse the uterine cavity with injections of peroxide of hydrogen (Marchand's).

Having thus cleansed the uterine cavity, the next step is to put it in a thoroughly antiseptic condition; this to be accomplished by the con-

joint use of antiseptic remedies and cataphoresis, and in certain cases of curettage. In my earlier gynecological work, tincture of iodine was quite in vogue and gave me many a *mauvais quart d'hue* in my office. Repeated experiences with uterine colic diminished my zeal as well as that of my patients for this form of treatment. The monotonous futility of the applicator, however, drove me to the resumption of injections, with the previous result. Notwithstanding this unpleasant and unsatisfactory experience, I have latterly resumed intra-uterine injections: although in somewhat different form, with different purposes, and invested with greater precautions. I use them now as but one element of a systematic and consistent whole—the antiseptic treatment; and, I feel sure, with better results, immediate as well as remote.

After considerable experimentation, I found that camphor-creasote is an excellent solvent for iodine, and, over alcohol, possesses the following advantages: (1) It does not coagulate albumen. (2) Being thick and oily and having no affinity for water, it does not come in such rapid contact with the mucous surface, and hence is not so likely to produce severe pain. (3) It dissolves by far the largest ratio of iodine of any liquid with which I am acquainted—roughly estimated, about 25 or 30 per cent, by weight—and hence, can be used in a correspondingly smaller quantity, and with marked immunity from uterine colic. Occasionally, it must be confessed, it will provoke considerable pain and even colic, but I believe much less frequently than tincture of iodine, and if properly used, very rarely.

The formula is as follows:

R Camphoræ	gm. 16
Creasoti fagi sylvat.....	c.c. 6
M. s. et adde	
Iodinii resub.....	gm. 7

If the orifice be not patulous enough to permit the ready outflow of the injection it should be sufficiently dilated by Hegar's bougies. For these injections I take a deep urethral syringe, with small terminal and lateral perforations, wrap the last three inches of the nozzle with a thin layer of absorbent cotton, dip it in the iodized camphor-creasote, pass it quickly through the cervix to the fundus, and expressing two or three minims of the solution at a time, spread it thoroughly over the entire mucosa. During this process, careful watch should be kept to see if the injection escapes freely, and if not, the cause should be ascertained and removed before proceeding further. Injections should be limited to ten or fifteen minims, and repeated every second or third day, and, as improvement manifests itself, every fifth or seventh day.

Having made the injection, we are now prepared for cataphoresis: which is done by introducing into the uterus a platinum electrode, whose active surface corresponds in length with the uterine cavity and constitutes the positive pole of the utero-abdominal current, varying from five to twenty milliamperes. The electrode is covered with absorbent cotton, saturated with iodized camphor-creasote, and made to sweep the

mucosa in its entire extent, not neglecting the cornua. The sitting lasts from five to ten minutes and is repeated with each injection. If the case be a hemorrhagic one of recent origin, the current is raised to thirty, forty, or even fifty milliamperes, and the application repeated if necessary weekly during one or two intermenstrual periods. The uterine mucosa is capable of active absorption, and under the influence of electricity we may introduce considerable quantities of iodine or other remedy into the general circulation. This fact may be of importance in uterine cataphoresis. After treatment, patients will often complain of a metallic taste before leaving the office, and sometimes before leaving the gynecological chair.

In the algescic form of endometritis the positive pole produces sedative effects that render it doubly valuable. Pain will be often markedly relieved by three or four applications. Whenever the uterine cavity is enlarged and the uterine tissue flabby, it will be advantageous to combine the faradic current with the galvanic (which is easily done by means of double cords terminating in single electrodes), to continue it for ten minutes, and repeat it every second day. This treatment is of marked benefit, not only in the relief of pain, but also in the promotion of uterine circulation and the absorption of inflammatory exudates.

In confirmed hemorrhagic and hypertrophic endometritis, it is difficult, if not impossible, to restore the diseased mucosa to its normal condition; nothing less than its destruction will produce a satisfactory result. For this purpose we have several means at command: chemical cauterization, positive galvano-chemical cauterization, and curettage. Nitric acid and chloride of zinc are undoubtedly efficient, but it is impossible to limit their action to the diseased structures; and so often do they entail cicatrices, stenosis and sterility, that their use is altogether indefensible. The same objections, perhaps, although in a far inferior degree, apply to galvano-chemical cauterization. But in recent cases, or in inveterate ones in which the patient will not consent to its use, we have in positive galvano-chemical cauterization a sovereign remedy, which, if used by the antiseptic method, is altogether free from danger. By the cataphoric action of the positive pole the eschar becomes aseptic from absorption of iodine, and in my experience breaks down and passes away without the slightest untoward result. Besides, the acids generated at the positive pole are themselves more or less antiseptic and assist in the general effect. For the purpose of a cauterant, the current should vary from 30 to 60 milliamperes, and be maintained from five to eight minutes in weekly sittings. With the large currents recommended by Apostoli I have had no experience in endometritis; but I must confess to a prejudice against them, which must be overcome (if overcome at all) by positive and indisputable evidence of their freedom from untoward secondary effects.

Curettage, however, I prefer. My own experience leads me to concur in the opinion that, properly done, in properly selected cases, it is one of the safest and not the least efficient of surgical procedures. In hemorrhagic and hypertrophic endometritis the uterine mucosa is soft

and pulpy; and, moreover, it is an essential feature of curettage that it leaves the terminal *culs-de-sac* of the mucous glands as a basis for the regeneration of the membrane. The sharp curette of Sims, therefore, and the cutting spoon of Simon, are out of place in this condition; and I habitually employ the irrigating curette with an edge, as Pozzi says, like that of an unfiled knife blade. The irrigating current should be turned on from a reservoir with a head not exceeding 18 or 20 inches. A bulb syringe should never be used, for it is difficult accurately to estimate the force exerted on the bulb, and the intra-uterine pressure is liable to be raised to a dangerous degree. The curettage should be systematic and thorough, especially in the neighborhood of the tubal orifices. The irrigation should continue until the debris has been completely removed and the fluid returns nearly or quite colorless. The curette should then be withdrawn, and ten or fifteen minims of iodized camphor-creasote should be introduced into the uterus by the syringe-applicator and spread over the entire denuded surface.

Drainage is the next and an important element of the antiseptic treatment. In a large majority of the serious and annoying cases of endometritis coming under my observation, the uterus has been either retroverted or retroflexed, or both retroverted and retroflexed. These backward displacements are probably partly cause and partly consequence of the inveteracy of the inflammatory condition. In the first place, they prevent drainage, especially in the recumbent position. The secretions stagnate, microbes multiply and maintain a constant irritation of the endometrium. In the second place, they hinder the uterine circulation, produce stasis and malnutrition, and thus furnish conditions extremely favorable to the development and maintenance of inflammation. Such displacements, therefore, if possible, should be corrected early in the course of treatment, and reposition if necessary be maintained by antiseptic cotton or lamb's wool pessary. Artificial drainage, I believe, is frequently advantageous and occasionally necessary. Iodized candle-wicking, which is prepared by immersing the wicking in tincture of iodine and drying it without heat, seems to me to answer a better purpose than iodoform gauze. It should be introduced well within the uterine cavity and be supported by an antiseptic tampon.

The uterine treatment, whether of injection and cataphoresis or of curettage, having been completed for the day, we reach the question of vaginal dressing: which, while always antiseptic, will be determined in a measure by our views of the necessity or advantage of local depletion. As nearly every patient suffering with chronic endometritis becomes more or less anemic, blood waste in every form, even the menstrual flow, should be restricted rather than promoted. For this reason, and because I rarely witnessed any improvement even in the local condition from the application of either of the natural or the artificial leech, I long ago altogether discarded local blood-letting. But glycerine (by its high specific gravity and affinity for water), as well as various hygroscopic powders, produce a free exosmosis from the engorged vessels, and thus effectually deplete them without impoverishing the blood. They also

serve another useful purpose: by distending the vagina and inviting the effusion of considerable quantities of liquid, secretions and microbes—if unfortunately they escape all our previous precautions—are rapidly carried out of the body. Tampons of glycerole of tannin possess other advantages: they leave an astringent after-effect, which, in accordance with the law of diffusion of liquids, extends well into the cervical canal and probably into the uterine cavity itself; they support the uterus in case of displacement, and thus promote drainage, the uterine circulation, and the absorption of inflammatory exudates. The vaginal dressing, therefore, by promoting antiseptics, drainage, the uterine circulation, and the depletion, with subsequent contraction of the engorged uterine vessels, is an indispensable element of the antiseptic treatment.

Should the support of a tampon be unnecessary, and the astringent effect of the tannin undesirable, or should there be vaginal leucorrhea, dry packing with boric acid and sulphur (9:1) will be an excellent substitute. This dressing, whether of liquid or of powder, will produce considerable discharge from the vagina. A napkin, therefore, is necessary, for the purpose of cleanliness as well as to furnish the final element of the antiseptic treatment. It should be made of antiseptic gauze, worn constantly, and changed twice daily, after the vaginal injections.

DISCUSSION.

Dr. C. Cushing, of San Francisco: Every one who has treated the affections peculiar to women, and who has made applications through a speculum, whether with curette or electrode or some kind of caustic, has every now and then had a tremendous peritonitis set up as a consequence of his interference. This must have been the experience of all. While I have no criticism to make of the author's suggestions—that is, the use of the curette, in which I quite agree with him; indeed, I much prefer the curette in endometritis to the use of electricity and the application of carbolic acid and iodine in equal parts, and think it is the best treatment we have—I believe that the use of powerful caustics, such as nitric acid and chloride of zinc, in the cavity of the uterus, is a dangerous remedy. I don't believe it would be safe; and furthermore, the condition that is left after the application of so severe a remedy as nitric acid to the cavity of this organ is one of pain and distress, which lasts for months and months in many cases; so that I have for years entirely given up the use of any strong remedies. For years I could not understand why, when I treated a serious case of endometritis, that a dozen or more cases would go on well and recover and the next case would develop a tremendous amount of inflammation, perhaps pelvic abscess, and it would cripple the woman, and she never would get entirely over the evil effects. Now we know why; at least we think we come nearer the truth. In women who have some chronic inflammation of the fallopian tubes, any local irritation, whether from riding over a rough road or getting her feet cold during the menstrual period, or from the application of some caustic or active treatment to the uterus, will cause a contraction of the uterus; this contraction extends to the fallopian tube, and some pus or muco-pus is forced out through the tube, and this woman has peritonitis. I would like to caution all those who have not had their minds made quite clear on this subject, against applications or the use of instruments of any kind about the pelvis in a case where there is a large tube, where the tissues are extremely tender, where there has been a history of a confinement in bed for three or four or six

weeks perhaps, at some previous time as a consequence of pelvic inflammation, because I am very confident that a large proportion of all cases of pelvic inflammation is produced directly from the diseased condition of the tube, and I am confident this is the reason why men are exempt from this particular malady. Pelvic peritonitis is almost unknown in men except as the result of a direct injury, while it is extremely common in women. I have no doubt that in nineteen cases out of twenty this disease is due entirely to a diseased condition of the fallopian tube, which has extended through into the peritoneal cavity. If a woman has diseased tubes, and there is a previous history of some kind of pelvic inflammation, then you should be very cautious about introducing any kind of an instrument into the cavity of the uterus, because there is great danger of setting up some kind of pelvic inflammation.

Dr. R. Beverly Cole, of San Francisco, said he must dissent from the use of electricity when applied with so powerful a current as has been suggested. His experience in the employment of this agent had not been great, but such as he had had did not corroborate the statements made by Dr. Briggs. As to the employment of irrigation, all who have had much experience in the treatment of uterine diseases must have discovered that the danger is not limited, in the employment of irrigation or the introduction of fluids of any kind into the cavity of the uterus, to that which has been alluded to—the escape of the fluids into the peritoneal cavity; but there seems to be a peculiar sensibility, particularly in inflamed conditions, and in conditions in which there is no inflammation a sensibility of the uterine nerves, that gives rise to the most abject suffering on the part of the patient. He had seen a drop of only a five-grain solution of nitrate of silver injected into the cavity of the uterus produce the most pronounced pain, the most pronounced suffering, from which it required almost twenty-four hours for the most positive treatment to afford relief to the patient. He was satisfied that this was not due to an escape of the fluid into the peritoneal cavity, or even into the fallopian tubes. He was satisfied of that, because peritonitis does not necessarily follow; but that there is a morbid sensibility, or an exquisite sensibility, of the nerves of the uterus, there can be no doubt. He differed with Dr. Briggs as to the great value of the curette. He used it occasionally with good results, but did not believe that it was very much more valuable than the application of nitrate of silver or chromic acid. He was in the habit of employing nitrate of silver as suggested by Sir James Simpson, and afterwards by Byford and others, namely, introducing into the cavity of the uterus not a solution but a stick of the nitrate of silver, and allowing it to remain there, packing the vagina with a pledget of cotton dipped in salt and water, which of course would neutralize any escape when it becomes fluidized. He had very pronounced results, and never had any trouble whatsoever. In endocervicitis he used sticks made of sulphate of zinc and of copper, which are introduced into the cervical canal and allowed to dissolve there slowly. They never had given rise to an untoward symptom in his hands. He repeated these applications at least three times a week, until he succeeded in entirely destroying the mucous surface. In this way the principle of course is identical; it is only the election of the choice of means of effecting it. The curette unquestionably is an invaluable agent; but to attempt to establish any rule for the government of all these cases, would be an absurdity and an impossibility. As Dr. Cushing has suggested, there are some cases in which mechanical inference or much manipulation of any kind is contra-indicated in the most positive manner; but he apprehended that it was supposed by the author of the paper that the medical man resorting to either of these measures would first inform himself as to what was the condition of the neck of the uterus.

Dr. L. M. F. Wanzer, of San Francisco, endorsed Dr. Briggs' paper most heartily. She was very sorry to disagree with Dr. Cole, but she would be very much afraid of the use of solid nitrate of silver in the uterus. She had a great many patients come to her, where it had been used, who said they suffered from the treatment, and the hardened condition of the canal seemed to be brought on partially by the use of solid nitrate of silver. She had not had as much experience as Dr. Cole, but certainly could not endorse the use of solid nitrate of silver in the uterine cavity.

Dr. Cole, in reply to Dr. Wanzer, said it was a wise thing always, before decrying an agent, to employ it. One fact was worth a thousand theories. Whilst he did not doubt that she had encountered cases such as she alluded to, he denied emphatically that they were attributable to the introduction of solid nitrate of silver into the cavity of the uterus and there allowed to dissolve. The effect of the nitrate was simply to vesicate the mucous membrane, and its action is very limited: very much more so, he apprehended, than the Doctor thought.

ABSTRACT OF THE REPORT OF THE COMMITTEE ON CLINICAL MEDICINE.

BY J. H. UTLEY, M.D., CHAIRMAN, LOS ANGELES.

THE DIAGNOSIS AND TREATMENT OF INCIPIENT PHTHISIS.

The speaker prefaced his paper by stating that he had no new agent of marvelous power to detect and destroy the bacillus tuberculosis; but he believed it would be of interest to detail his experience with phthisis in its incipency, because of the practical importance of the early recognition and treatment of this most fatal disease. He regarded the bacillus tuberculosis as the cause of phthisis, and divided the disease into two classes—the acute and chronic. In the acute form the progress was so rapid that we could seldom study it in the incipient stage, and it was of the chronic variety he wished to speak.

Diagnosis.—Tuberculin would be of immense service in differential diagnosis could it be relied on to produce the typical reaction in tubercular patients only; but unfortunately the characteristic symptoms have been observed to follow its use in healthy animals; and again, it has had no apparent effect on a few well marked phthisical cases. Besides, Virchow and other pathologists have found caseous pneumonia in so many autopsies of patients under tuberculin treatment that we are not justified in further experiment with it.

If the bacillus tuberculosis could be found in the sputum of all patients in the incipient stage of phthisis, a diagnosis would be easily made. Occasionally, however, sputum may be entirely absent, or be made up of saliva and mucus from the upper air passages. Sometimes so few are present in the profuse expectoration of an accompanying apical bronchitis, that they escape detection. He believed it was rarely the case, however, that a diagnosis could not be made from physical signs as early as from the discovery of the bacillus.

Generally, when you find bacilli, you also see yellow elastic fibres.

Sometimes they are in abundance for weeks before the bacilli show themselves, and when the physical signs give no indication of a pulmonary cavity. While their diagnostic significance is not so valuable as that of the bacilli, they can be seen, with an ordinary low-power microscope, in sputum placed on the slide without previous preparation. The elastic fibres are also found in pulmonary abscess not tubercular, but other symptoms then make diagnosis easy.

The physical signs may be said to mark the different stages of phthisis, the incipient passing into the second stage when consolidation is sufficient in extent to give distinct dullness on percussion and bronchial respiration. Very early in the disease we may find, on light percussion, that the pitch is raised when the intensity remains unaltered or is slightly dull. This sign may be studied with advantage by placing the patient against a door or wall, which acts as a sounding board.

In auscultation, interference with the normal respiratory rhythm is certainly one of the earliest signs of phthisis. A shortened, prolonged or irregular inspiratory or expiratory sound is very suggestive, when accompanied by bronchial rales limited to the apex of the lung. A harsh or feeble respiratory murmur, restricted to a small area, should at once arouse suspicion: and if accompanied with abnormal transmission of heart sounds, some consolidation is present.

In palpating the chest, he had found some value in the suggestion of Trisling, viz.: the exercise of firm pressure in the intercostal spaces with the tips of the fingers. Considerable pain is experienced from this procedure over phthisical regions. A sign of greater importance is that of lack of resiliency in the diseased portion of lung, and was a symptom which had not received the prominence he believed it deserved. Thompson and Fredericq had called attention to the presence of a sharply defined red line on the gums as one of the first symptoms of phthisis. He could not agree with them, having failed to find it in several cases, and believed it was due entirely to digestive disturbances.

Hemoptysis is often the first symptom of sufficient seriousness to attract attention to the patient's condition, while pulmonary hemorrhage occurred in many other pathological conditions. The expectoration of pure or frothy light red blood generally comes from the lungs, and when the heart is sound is almost pathognomonic of phthisis.

Cough he no longer regarded as of value in diagnosis in the incipient stage. Judging from his own experience, it was frequently absent in cases without a catarrhal condition of the upper air passages. It was often a reflex symptom, and it was very difficult to appreciate when it was due to pulmonary lesions. He purposely omitted discussing other symptoms due to enfeebled digestion or to a disordered nervous system. 'We must depend on the examination of the sputum for bacilli: and yellow elastic fibres and the physical signs, with perhaps hemoptysis, for our diagnosis.

Treatment.—A review of the therapeutics of phthisis, as presented in the various medical journals since the discovery of the bacillus tuberculosis by Koch, is highly interesting. Bergeon's sulphuretted hydro-

gen, Weigert's inhalations of hot air, William's pneumatic cabinet for medicated vapors, Shurley and Gibbs' chloride of gold injections, inhalation of hydrofluoric acid, Liebreich's cantharidin, and, finally, Koch's tuberculin, have all been disappointing failures. The vitality of the bacillus is astonishing: as has been demonstrated by Koch and many others, by experiments on animals. Antiseptics powerful enough to cause the death of a tuberculous animal have no apparent effect on the bacillus.

He believed he had seen good results from the use of creasote in small doses, well diluted, in gastric indigestion, so often a disagreeable symptom in phthisis. It also sometimes modifies the severity of the cough and the amount of expectoration, but he never had reason to think that it lessened the area of consolidation or the number of the bacilli. It is best given in carbonated water, one to two minims, four to six times in twenty-four hours. When the patient was taking cod liver oil, he usually added it to an emulsion and found it useful in preventing the gaseous eructations so often due to the imperfect digestion of this remedy. He had found the pure beech-wood creasote as well borne as guaiacol, but the latter can be given in large doses and seems to have more of an effect in lessening the amount of expectoration. His opinion was that the less medicine a patient in the incipient stage of phthisis takes the better, and that the therapeutic measures adopted should be largely hygienic and climatic.

The influence of correct hygienic treatment cannot be overestimated. We should give exact and comprehensive directions to the patient, and see him often to assure ourselves that he is complying with them. If the patient was sent away on account of climate, we should endeavor to place him under the charge of a reliable man, or insist on frequent correspondence. He mentioned this because he believed we did not all realize the responsibilities we assume in dealing with these cases. The process of digestion being often imperfect, the diet should be carefully supervised. Milk should be drunk in such quantities as can be assimilated, and by varying the form it can generally be made the most prominent article of diet. Meat, fruit and vegetables should be allowed in moderation, of course, but as secondary to the milk diet. No diet rules can be laid down to apply to all cases, but good judgment is required to be exercised in behalf of every patient.

Daily cold bathing must not be neglected, beginning at first with lukewarm sponge baths on arising in the morning, and gradually cooling the water each day till it is used at the temperature of 50° F., this after a while being replaced by the tub bath, using the same precautions as at first. Gymnastic exercise and forcible breathing should be indulged in for the purpose of strengthening the respiratory muscles and expanding the air cells. Out-of-door exercise should be mild and free from excitement. Mountain climbing, horseback riding and athletic sports generally are to be avoided. Walking with erect posture and deliberate steps affords the best exercise. Clothing should be warm and light, and so made as not to restrict respiratory movements. The corset is respon-

sible for many a case of phthisis, and I have seen suspenders so tight that chest expansion was seriously interfered with. A costume largely made up of wool—warm, light, and allowing free muscular action—was best.

The living rooms should be as sunshiny and as well ventilated as possible, and the bed-room should have an open fire-place, so that the temperature may be raised to about 65° F. when necessary.

Prophylactic measures regarding expectoration must be insisted on, and a carbolic solution kept in the cuspidore in the rooms. A pocket spit-cup, like that made by Dettweiler, should be carried and used instead of handkerchief or expectorating on floor or street. The patient was in great danger of auto-infection, and must be impressed with this fact.

The climatic treatment of incipient cases was too broad a subject to be dealt with in the present paper. Prominent members of this Society have so forcibly presented the claims of the lower portion of the State as the ideal home for the consumptive, that little remains to be said. It seemed to him, however, that in praising the many excellent features of the climate of Southern California, some important facts had been overlooked, or not sufficiently appreciated. The climate of Los Angeles was not dry, for the mean relative humidity for five years is as follows: 1885, 71; 1886, 77; 1887, 77; 1888, 78; 1889, 72. This moisture comes largely from the ocean, for our rainy season is usually of brief duration and our average rainfall is only seventeen inches; but certain cases in whom catarrhal symptoms are prominent do not improve in a humid atmosphere. They need the dry aseptic air of the desert or mountain, and had better be sent to Arizona or Colorado. The fogs are apt to be troublesome in spring, but on most days they pass away before noon. They often extend over the entire San Gabriel Valley, and reach an altitude on Mount Wilson of four to five thousand feet. They occur also during summer, especially after hot winds from the desert, which bring the temperature up to 100° F. or even higher. These hot desert winds do not come oftener than two or three times during the year, and may last several days, followed by a fog, which is refreshing and grateful to robust people but rather distressing to the phthisical.

A study of the meteorological reports for a number of years past shows that the mean average humidity is about 7° greater in spring and summer than in autumn and winter. This increase of the moisture during the warm weather is due to vapor carried inland by ocean air currents flowing toward the desert. In Los Angeles, on a summer afternoon, when one faces the western breeze, the salt can be smelt and even tasted in the air, and may prove to be quite irritating to a congested larynx or bronchus. It is when the temperature is comparatively low—down in the forties, say—that a decidedly moist atmosphere is injurious, and it is during that portion of the year when temperature is lowest that soil—not atmospheric—moisture is relatively greatest. On the foothills, about twenty-five miles from the Pacific, the soil is sandy, while about

Los Angeles it is largely adobe. The water, too, near the mountains is pure, while that of Los Angeles is not. On these hills would be the proper place for the State to establish a sanitarium for cases of incipient phthisis. Such an institution would be of immense practical benefit, not alone to the inmates, but as a prophylactic measure. Branch establishments could be placed in the mountains at Banning or Newhall, or summer camps in the cañons, where the air is dryer and more rarified; also, one for suitable cases on the seashore during the warm weather. How much better would be the prognosis of phthisis in the early stage of the disease, could patients, especially those with limited means, be properly cared for in a sanitarium, rather than left to shift for themselves with everything against them.

All one can hope to accomplish by any method of treatment is to assist Nature to repair the diseased pulmonary structure, so that the bacilli can no longer develop there, and then to prevent the re-introduction of the germ into its old feeding ground.

DISCUSSION.

Dr. S. O. L. Potter, of San Francisco, said: This was one of the most candid reports that had ever come from Southern California about climate. We generally hear that the climate of every part of our State, or every part of the southern counties, is perfect. It was really refreshing to have a gentleman from the southern part of the State come here with scientific deductions from his observations, regardless of local prejudices. He agreed with Dr. Utley that we had no specific for phthisis, and that so far the efforts of specialists have failed. At the same time, he could not but feel that there was yet something behind tuberculin that will come to the front. If there is anything certain on the face of the earth, it is the power of vaccination over small-pox; and the work of Koch is a repetition of the work of Jenner. It was not Koch's fault. The speaker knew that Koch had been forced, against his will, to publish that announcement to the Berlin Medical Congress before he was ready, before he was prepared, and when he himself acknowledged that he had not gone far enough to be able to make a scientific statement in regard to it. The speaker believed that our only chance for the attainment of specifics in the treatment of the disease was to follow the lines of Koch and those of Jenner. The treatment of phthisis must be hygienic and climatic; and so far as the hygienic treatment is concerned, over-feeding is perhaps the best—as much as the system will stand. He believed the case ought to be fed up to the very highest notch possible, with every kind of food that the patient could assimilate. In the climatic treatment of consumption, the hot, dry atmosphere of the desert is decidedly the best. In Europe the fashion changed—here one year and another place the next. In this country some go to the Adirondack's, some to Colorado, others to Southern California. In Europe the favorite place now is Algiers. But what is Arizona but Algiers? And when we say Arizona we had better say California too, because the ideal spot of all others, in his opinion (and of many others who had tried the matter personally, experimentally, and by sending patients there) is that low sink, we may call it, that low part of the country on the boundary of California and Arizona, known as The Needles. In the section of country around there, the patient is entirely protected from the coast influences, from the influence of the Gulf of California, and he can sleep out of doors all the year round, and breathe the hot furnace atmosphere, in which, the speaker

believed, no germs can live very long. The locality was not very pleasant, so far as society is concerned; it is rather a hard place to get along in and have every comfort that one needs, and as a rule it is very difficult to keep patients there; as soon as they begin to improve they leave, and when they leave the old trouble returns. If we had more such candid reports upon this subject, giving up the search for specifics and looking at the real treatment of these cases (by isolation of the affected and antiseptic care of the sputum, in which the great danger lies), it would be most refreshing in a Society of this kind.

Dr. H. L. Wagner, of San Francisco, inquired if Dr. Utley had observed any difference in the size of the tubercle bacilli in the sputum examinations in relation to the prognosis of the case. He had observed, after Fraenkel of Berlin had pointed out the fact to him, that the smaller the bacilli are the more apt the case is to be fatal. He referred especially to laryngeal phthisis, and had verified this three times, and he would like to know if Dr. Utley had observed this also.

Dr. Utley, in replying, said: The point made by Dr. Potter regarding the dry air of the desert is one, I think, of very great importance: and in my report I should have said that a portion of eastern Southern California, or southeastern California, is a desert, and that the climate there is very similar to Arizona. There is a place just this side of Yuma where a number of patients have gone from Los Angeles and done remarkably well. There is also a portion of the State to the south where the altitude is below that of the ocean; it is some two or three hundred feet below the sea level, and at that point patients have done extremely well in the catarrhal form of phthisis. In speaking of the humidity of Southern California, I wish to make the point especially in the catarrhal form of the disease. In reply to Dr. Wagner, I have never noticed any particular difference in the size of the bacilli from different regions—from the larynx or from the bronchi.

ABSTRACT OF THE REPORT OF THE COMMITTEE ON OBSTETRICS.

BY G. P. REYNOLDS, M.D., CHAIRMAN, ALAMEDA.

The speaker in this paper wished to emphasize certain facts already well established in the practice of midwifery, and to touch upon a few points sometimes overlooked by the profession. Child-birth, in itself, was a physiological condition—he would only consider it pathologically.

Unfortunately, civilization does not tend to lessen either the sufferings or the perils of the lying-in woman. We all well know that in primitive life the complications which meet the general practitioner were comparatively unknown. The main cause of this difference lies in the fact that the nervous system is developed and educated at the expense of the physical. The American girl is placed in school at the age of six, and compelled to sit in a cramped, uncomfortable position five or six hours a day. Frequent deformities result from this cause alone, particularly those of the spine and pelvis. As her education advances, the hours of confinement in school are increased; home study is required of her, and the study of some accomplishment is added, and all this with no counteracting physical exercise. The pursuit of the higher education,

the demands of society and fashion, finish the work : and we behold her, as a woman, a physical wreck.

How are all these things to be corrected? By a systematic and continued course of physical culture, in constant connection with the intellectual development. Society must be educated to a different standard of physical perfection in women. The present delicately organized, small-waisted, artificially developed creature, must give place to a nobler proportioned model, before our girls can come into their rightful inheritance as women. We must begin with her earliest education; take from our schools the course of study as it now exists, and change it to an elective one, one which may be adapted to the needs and capabilities of the individual. Make it fashionable to pursue out-door sports, and make her young life an active one. It is true that a reaction is beginning to set in, and in towns where for the past few years bicycle riding and tennis have been in vogue, the increased vigor and strength of the young women cannot have failed to attract the attention of even a casual observer. Some of our modern schools are provided with gymnasiums, and physical culture is now taught in a few private and scattering classes.

He wished to emphasize the necessity for an intimate acquaintance of the physician with the condition of a pregnant woman. It is a too common occurrence, in private practice, for a physician not to see his case until after labor begins. Every woman should be cognizant of the fact that her doctor knows her condition, and that he takes every precaution for her good and safe delivery. The presence of tumors, injuries from previous labors, malposition of the uterus, the pelvic measurements, and the size and condition of the fetus, might be discovered, and many a woman might be saved the mortification and expense attending a preparation for confinement, if this custom were carried into effect; for it not infrequently happens that women go to or beyond their expected term of gestation, to find themselves mistaken as to their condition.

Antiseptics have done much to diminish the mortality of lying-in women, and in this department the art of midwifery is in the path of progress. The use of antiseptic confinement pads, as active agents in the cause of antiseptic midwifery, is to be strongly recommended, though an old rag is usually thought to be good enough for this purpose. Modern antisepsis has taught us that if we purify our houses, our persons, and everything pertaining to or coming in contact with a lying-in woman, we are but observing very necessary precautions to avoid infection.

For some years past the speaker had adopted the practice of requesting all patients to submit to an examination from one month to six weeks after confinement, and he was surprised to find that fully 50 per cent revealed some abnormal condition yet remaining to be corrected. Our patients of today, and those of even a quarter of a century ago, are certainly not to be compared. Society, customs, dress and habits of life, all tend to pervert the natural progress of involution and subinvolution; and instead of having a patient with a uterus in its normal

position and condition, we find one with an inherited and acquired constitution tending to the reverse.

The slightest cause stops the process of involution, and the patient, with weakened muscles and poor constitution, is a fit subject for misplacements and general pelvic inflammation. Many physicians in normal labor pay their patients from two to five visits after confinement and never make an examination. What can we expect but that a patient whose system is already weakened by a long term of gestation and exhaustive labor and domestic cares and responsibilities, after waiting patiently for a few weeks or months, or perhaps years, to grow stronger, will finally go to some specialist and say that she has never had good health since her baby was born?

Much variance of opinion exists as to the time of allowing the patient to get up. Obstetricians should certainly insist upon a longer rest in bed than is customary. When we see her up in two or three weeks after child-birth, the nurse dismissed, and assuming the care of baby and household, possibly at the end of four or six weeks participating in social pleasures and fatigues, we can easily understand that the process of involution is delayed. No specified time can be laid down in this matter. Some are better able to get up at the end of twelve days than others after six weeks, and the physician must be the judge. It is certain that no one has ever been injured by the simple fact of remaining in bed, while thousands are victims of serious troubles resulting from too early rising.

There is evidently an increasing demand from our patients for the use of anesthetics. It was formerly held by the most conservative that only in operative midwifery should an anesthetic be administered. Today we find a growing inclination with most practitioners to administer chloroform or ether during some period of all cases of labor which are accompanied by very much pain. The risk in giving anesthetics is much less in this class of cases than in any other, though it is claimed that the danger from hemorrhage is much greater. While that may be true, relief from shock and from suffering compensates for a moderately increased loss of blood.

Chloral is a remedy of almost incalculable value in prolonged first stages, and which practically supersedes all other methods of dealing with this troublesome condition. From six to ten or fifteen grains, once or twice repeated in fifteen or twenty minutes, either by mouth or rectum, is generally sufficient to produce an effect lasting for several hours. No other anesthetic or anodyne has gained any prominence within the last year, excepting some of the coal-tar preparations, phenacetine and antikamnia.

Immediate closure of the lacerated cervix is still a debatable question, the records of operations affording but little ground to the practitioner, excepting in cases where there is arterial hemorrhage endangering the life of the patient. There is no doubt that immediate closure exposes the woman to increased danger from infection; but many cases, if properly treated, will unite if left to themselves: although closure can

readily be made, if the patient is under chloroform for other operations, at the time of delivery. As to laceration of the perineum, any physician who allows that to go unrepaired is open to severe criticism.

The speaker did not believe that a healthy woman could have eclampsia, and it therefore behooved the practitioner to see that every healthy woman was brought to her labor in as healthy a state as possible. If this, and the general care needed in cases of confinement, were observed, the frequency and mortality of convulsions would be greatly lessened. This condition is estimated to occur once in every 400 pregnancies, and that one in eight cases dies. No woman should think of going through the term of gestation without submitting her urine to a physician. It is, however, quite certain that the cause of puerperal convulsions is far from being settled, and that cases occur with or without albumen; that the latter may appear after convulsions, or that there are exceptional cases in which albuminuria is absent throughout.

The management of cases requiring Cæsarean section, laparotomy, placental delivery, or craniotomy, are subjects being more thoroughly discussed than any others pertaining to midwifery. Until we can have more reliable records for our guidance we shall be wholly at sea. The question which today most interests the practitioner in this class of cases, is how to treat extra-uterine pregnancy. Their frequency, and the ability to recognize this condition, are much greater than formerly.

Munde says: "The diagnosis is not usually very difficult when once we have had our attention called to its probabilities; and in view of the serious nature of the trouble, and of the great success of proper treatment, we should always, when suspicious symptoms are present, consider the case one of extra-uterine pregnancy until we have proved the contrary." He further says: "In all cases seen before the end of the fourth month, and in many cases seen later, the destruction of the ovum by means of the electric current is the safest, most certain and most efficient method of treatment, this having succeeded in every case in which it was properly applied."

On the other hand, Dr. Reed, in the *American Journal of Obstetrics*, assumes that the only proper treatment for ectopic gestation is by abdominal section. Electricity has proven to be uncertain in its success in these cases, dangerous in its application, and tardy in its action. He says that the only proper treatment of ectopic gestation is by abdominal section; that the operation should be done before rupture, as soon as the condition can be properly diagnosed; that the operation should be done in all cases as soon as evidence of internal hemorrhage becomes apparent, and without awaiting for subsidence of so-called shock, or delaying to attempt the differential diagnosis between extra and intra-peritoneal hemorrhage.

Prof. Byford says that we are in the heroic age in the treatment of extra-uterine pregnancy: and where the lines that are to guide us are to be finally laid down, has not yet been determined. Formerly we only discovered the fatal cases, while now we are discovering those who get well; and when we have learned to diagnose all of these cases that get

well, we will find that the death rate of all taken together is a small one. As to treatment, where we find that a great many get well without interference, we have learned, on the other hand, that we can easily cure nearly all of them by abdominal section.

The speaker concluded his paper by discussing at some length the indications for operation at the different stages of pregnancy.

**ABSTRACT OF THE REPORT OF THE COMMITTEE ON DISEASES
OF THE MIND AND NERVOUS SYSTEM.**

BY A. M. GARDNER, M.A., M.D., CHAIRMAN, NAPA.

***BETTERED FACILITIES FOR THE TREATMENT OF THE
CONVALESCING INSANE.***

The speaker's reason for selecting the subject "Bettered Facilities for the Convalescing Insane," rather than attempting a resumé of the entire subject of mental and nervous diseases for the past year, was that he wished to present one of the important needs of his specialty.

Ever since the establishment of the State Asylum at Stockton for the insane, the State has assumed the entire responsibility of caring for and protecting this unfortunate class of people. How well the State has fulfilled, and is still fulfilling, its self-imposed obligation, may be determined, in a measure, by taking under consideration the existence of the State Asylum at Stockton, the Napa State Asylum, and the State Asylum at Agnews, now in operation; while two new structures for like purposes are now in course of erection, one at Ukiah and the other at San Bernardino: making, in all, five large and costly institutions, which will be devoted to this special work.

It may be of interest to state that the construction and furnishing of the Napa Asylum cost the State \$1,750,000, and that this institution, upon its completion, was intended to furnish a home for 600 people. The average cost of each individual was, therefore, \$2916, or very nearly \$3000. How many of the State's sane population can boast of a \$3000 home?

It is fair to assume that if the present rate of increase of the chronic insane continues in the same ratio in the future as it has in the past, the time is not far distant when the State will have to appropriate nearly \$800,000 yearly for the care and protection of its insane. The different sums of money set apart by the State, for the fiscal year ending June 30, 1891, were: for the State Asylum at Stockton, \$207,500; Agnews, \$125,000; and Napa, \$204,000—a total of \$536,500. This does not, however, represent the entire cost of conducting these three institutions during the year, as each has a contingent fund from which to draw for needed improvements, furnishing and repairs.

When the State Asylum at Ukiah and the State Asylum at San Bernardino are both ready for occupancy, if the same amount of money is appropriated for the maintenance of each as has been appropriated for

the new asylum at Agnews, viz.: \$125,000, the entire sum needed at that date to maintain and care for our insane will amount to \$768,500 for each year.

In view of this large sum of money to be appropriated yearly for this special work, not taking into consideration the cost of erection of the new institutions, are we justified in asking for special appropriations to meet a long-felt need at the asylums now in operation? If it can be shown that the amounts asked for can in a reasonable length of time be saved to the State in lessening the general appropriations for maintenance, then, from a financial point of view, we have a right to make, and it would be sound policy for the State to grant, our requests.

The daily average *per capita* expense incurred during the past fifteen years in caring for the insane at the Napa State Asylum has been 40½ cents for each individual, or about \$179 yearly for each person admitted. Of 6701 patients admitted during these fifteen years, a fraction over 27 per cent were discharged as recovered. Had it been possible to have increased, through better facilities for treatment, the 27 to 32—that is, an increase of 5 per cent over and above the number that were discharged as recovered—we should have 335 patients out of the total number admitted restored to health, to their families and to the State, to become once again producers rather than consumers of its treasure. These patients, however, under the conditions which have existed in the past, and which are now existing, have gradually, but none the less surely, passed into a state of chronic incurable insanity, to rest as a burden upon the commonwealth until the end of their miserable existence.

While it is a difficult task to arrive at the average age of the chronic insane in any institution, still, by glancing over our reports, I find that during the fifteen years already mentioned, allowing two years to pass to represent the time intervening between the initial stages of the attack and the date when the disease became chronic, the average time the State cared for these patients was a fraction over four years.

Taking the figures already given, it would cost the State \$738 to care for each of its chronic insane for these four years. If it costs \$738 to care for one person for four years, it would require \$247,353 to care for 335 chronic patients for the same length of time. These 335 chronic insane patients constitute 5 per cent of the whole number admitted, and also the 5 per cent which should have recovered with better facilities for treatment. If it cost the State \$247,353 to maintain them as chronic insane patients for four years, the State, upon the other hand, would certainly have saved a like amount in the same length of time had they been discharged as recovered before relapsing into chronic insanity. This assumption is purely a matter of opinion, but nevertheless an opinion which I believe to be correct; and if so, justifies special appropriations in order to secure better facilities.

If special appropriations are granted, how shall they be utilized to secure this additional 5 per cent of recoveries? By building cottages separate from the main asylum, where the convalescing insane can

receive that individualized treatment which is, without doubt, the ideal treatment of those persons so afflicted.

It is the general complaint of those engaged in this special work, that all State institutions are overcrowded, and the Napa Asylum is no exception to this general rule. As previously stated, this institution was originally intended to accommodate 600 patients. Its capacity was later increased to 810 patients, which can be comfortably treated and cared for in this asylum. Today, however, we are attempting to treat and care for over 1400 insane people.

This overcrowding necessarily obviates the most limited classification, such as the segregation of the enfeebled and filthy, the violent and noisy, and the epileptic insane. And if even this limited classification cannot be satisfactorily carried out, how is it possible to classify and place in proper surroundings our convalescent patients, among whom will be found those, and those only, who are susceptible to improvement and recovery?

Admirable as our asylums may be as homes, without the hope of ultimate recovery they will stand as an evidence of philanthropy's saddest failure. Sad indeed would be the lot of many of the insane, were it not for the looking forward to going home restored "some sweet day, by and by." When the insane have passed through the acute stages of mania or melancholia, we are compelled perforce to transfer them to wards occupied by the chronic insane, where, with benumbed intellect and dazed understanding, they commence to form habits which are either conducive to their recovery or to a perpetuation of their disease. What the result will be, it requires no great stretch of imagination to predict. Many of those so situated will remark: "My God, Doctor, if I have to witness such sights, I certainly can never get well." And in this instance the insane patient asserts a fact that is only too frequently verified by further observation.

The insane are more imitative in their habits or character than the sane. They often do what they see those about them doing, through the principles of sympathy, imitation and suggestion, and they seldom assign any reason for their actions.

Another important fact is that oftentimes the mental manifestations of disease through fixation of habit are prone to continue after the physical disturbances that originated them have subsided. The highest expression of will is represented by a consensus of all the coördinated mental activities of the individual. The will-power of the convalescent insane is not lost; it is simply weakened and perverted. Will placing the convalescent patient among the insane tend to strengthen the weakened will-power, or correct its perversions? Will those motives be found among the chronic insane that shall direct the enfeebled will into channels leading up to permanent recovery? The almost united testimony of all alienists, from the day of the immortal Rush down to the present time, answer no.

Moral feelings are almost universally dulled or perverted in all forms of insanity. This is especially true of mania and melancholia. In the

former we find emotional states of depression. In either of these conditions the patient, after passing through the acute stages and having reached the period of approaching convalescence, becomes an inmate in our chronic wards, there to associate with and acquire the habits of those who have crossed over the line which separates a probable opportunity for recovery from ultimate and hopeless fatuity.

Is it possible that a convalescent insane patient can pass day after day in company with the chronic delusional lunatic without having his already disturbed affective feelings advanced toward permanent wreck and ruin? Can the convalescing melancholiac, tottering upon the brink of a relapse and with an anxious terror still partially dominating his affective feelings, listen to the wild ravings of patients in epileptic furor, or the tremulous, hesitating enunciation of the paretic dement, and rejoice in the belief that he is on the high-road to recovery?

The fault that such conditions obtain at the different asylums is owing to the constant accumulation of the chronic insane, with the resulting overcrowding. A partial solution, at least, of the question may be embodied in a few terse propositions:

(1) We would ask the State for a special appropriation of \$50,000, with which to complete and furnish, at the Napa State Asylum, two hospitals for the treatment of recent cases of insanity.

(2) By increasing our recoveries 5 per cent the State will save yearly over \$50,000—after granting the appropriation—through lessening the number of chronic insane.

(3) That if these deductions are correct, it would be sound policy, from a financial and from a humanitarian point of view, to grant the appropriation: for the curable should be cured at any cost, and human sympathy and kindly care should ever be extended to the unfortunate incurable.

DISCUSSION.

Dr. J. W. Robertson, of San Francisco, in opening the discussion, said: I have listened with great attention to the very admirable paper of Dr. Gardner, and it opens a question which is fast becoming one of the most important. From the time that California became a State she has made the most liberal appropriations for the care of her insane. When other States were confining their insane in poor-houses, California built a magnificent institution. As the asylum population increased, her facilities increased with it, until something like \$6,000,000 has been expended in the building of asylums and something like \$1,000,000 will annually be required for support and maintenance. With all this expenditure and waste of money, Dr. Gardner has shown that our asylums are still imperfect. It has been claimed that asylums for the chronic insane should be built. The Legislature, a few years ago, passed a resolution that Agnews should be a chronic asylum; in other words, that all chronic cases should be sent to Agnews and there simply maintained, and that no efforts to cure should be made. Strong objections were raised against this proposition, and I think principally from a sentimental point of view. It was claimed that no one should be doomed to chronic insanity, and that the line was indefinite when a person became chronically insane; another reason was that in the East chronic asylums were synonymous with, or worse than, jails or tombs. For this reason all our asylums are made to receive both the acute and

the chronic cases. In this we have made a great mistake. As Dr. Gardner has truly said, Napa will accommodate something like eight hundred patients; fourteen or fifteen hundred are there at the present time, and how are they accommodated? Every ward is laid at night, not with cots, but with mats and with beds of straw. We can hardly pass through the asylum without passing over the bodies of the insane; they are crowded together worse than animals in any pig-pen; it is impossible to segregate those who can be treated from those who are chronically insane; they are simply huddled together and all treated alike. I am surprised at the statistics Dr. Gardner has presented showing the number of recoveries. Only 27 per cent of all who are admitted are said to have recovered. The latest authorities claim that something like 80 per cent of cases of acute mania can be cured, and about 60 per cent of all cases of melancholia, and the experience of all alienists agree with this assertion. Of course many who are sent to an asylum are not suffering from either mania or melancholia, but have become chronically insane, or are suffering from some disease which is incurable; by all means such cases should be relegated to chronic insane asylums. Napa; and the asylums which have been recently located, should be kept for the purpose of actually curing those patients of whom there is some hope. Perhaps the treatment that a patient receives upon being sent to an asylum intensifies this percentage. As a rule the public are not yet educated to believe that insanity is a disease; they look on it almost as a crime. When a person is declared insane some burly deputy sheriff takes the man from his home by force, no matter how delicately he may have been nurtured and nourished, and he is sent to prison; in San Francisco he is taken to the Home for the Inebriates. He is then removed to the asylum in straps or a straight-jacket, maltreated at every step, and when he arrives at his destination it is impossible, on account of the crowded condition, to give him any special facilities, and he is thrown into the back yard in a condition of raving mania. In the course of a few days he will to a slight extent recover from this shock; but I cannot but believe that such treatment will intensify the insanity and decrease the number of those who will recover. Patients cannot recover with such treatment as they receive on admission to our asylums. The only true treatment of the insane is the cottage plan. This has been tried at Napa, and at a cost of perhaps \$1500 or \$2000 three or four structures have been erected that accommodate about twenty patients. I would urgently recommend Dr. Gardner's request that something like \$40,000 or \$50,000 be appropriated, and fifty or one hundred cottages erected. There are a great many carpenters among the insane; the State owns the ground, and work can be done very cheaply; at a cost of hardly \$2000 a cottage, capable of accommodating ten patients, could be easily erected. In other words, two or three hundred patients could be accommodated in those cottages, leaving the large building to the chronic insane; and I see no reason to believe that the percentage of cures would not be as large in this public asylum as we know it is in our private practice.

Dr. W. S. Whitwell, of San Francisco: I can cheerfully endorse the interesting paper which we have just heard, and can give my testimony as to the harm which overcrowding does to patients in a large asylum; it is a harm, I believe, not only to the acute but to the chronic cases. Dr. Gardner's suggestion of having different buildings so that patients can be properly segregated meets with my most hearty approval; I believe it would make a great difference in the number of cures, and certainly in the comfort of the patients. Dr. Gardner made a point regarding the imitative faculties of the insane, which, in my experience, I have found to be true. In the small hospital in which I treat my patients I have had constantly in mind the effect of one patient on

another: and when a new patient comes I find it necessary not only to consult the comfort of the new patient, but the comfort of those that are already there, and see that the convalescing patients are not disturbed by the acute case that has just come in. I have also found one patient in company with another, and imitating that patient and going backwards, not showing the same interest in affairs, nor showing the same improvement which I expected. By changing that patient into another part of the house, by giving him another nurse, by putting him with other patients in other stages of disease, I find that an improvement takes place almost immediately. I do not feel sure that the plan which Dr. Robertson mentions of having a separate hospital for the chronic insane is the best, but believe that instead of sending patients to a chronic hospital, it would be better to follow the suggestion that Dr. Gardner has put forward of smaller buildings upon the grounds. It is not necessary to keep all those patients within such buildings as the Napa and Agnews Asylums; they can be trusted about the place and put to different employments. Many of the chronic insane can be trusted to different parts of the grounds, as I believe they now are, and I think that can be carried out on a much larger scale than it is at present. The acute cases also ought to be separated into perhaps smaller buildings—you might call them a series of small institutions, perhaps connected with the central one. That has been tried in some States. I know of one in Ohio which has been carried on in that way. It has, I believe, met with great success.

Dr. A. W. Hoisholt, of Stockton: I have listened with a great deal of interest to the able paper of Dr. Gardner, and will say that the ideas therein expressed should be brought to the notice of the public through the general profession. There is one point I would like to mention, and that is the treatment of the acute—not the convalescent—insane, and where the facilities for the treatment of these cases ought to be located. Should they be connected with the asylums at Stockton, Napa and Agnews? I think neither of these nor the two new asylums are located where such treatment can be carried out as it should be. I think a hospital for the treatment of the acute insane, and one with all modern equipments, should be located in or within a few miles of the city of San Francisco: in the first place, because it is the center of population, and the majority of the acute cases could be more easily transported to the hospital; and secondly, because the aid of specialists could readily be procured for the treatment of various physical ailments which the modern idea of insanity teaches is so frequently the cause of mental ailment.

Dr. R. W. Murphy, of San Francisco, said there was one point Dr. Gardner seemed to have omitted. He had written to the author about a year ago, asking how many patients there were not citizens of the United States, and how many Chinese were in the asylum. The speaker had received a reply, but he did not think it gave the figures. He would ask the Doctor to state for the benefit of the Society the number of Chinamen confined in the asylum, and, as far as he knows, the number that are not citizens of the United States that we are paying our money for. At the time he wrote he had thought of calling the attention of the Governor to the number of insane that were taken care of who were not citizens of the United States, because he believed that it was an injustice to the taxpayers to take care of these foreigners; that it should be a legal claim made against the foreign government whose subjects we were taking care of; and he was in hopes that Dr. Gardner would present that in his report in such a manner that the Society would have taken hold of it in some way. He would like to ask what would be the figures for the three asylums—Napa, Stockton and Agnews—taking the aggregate that are not citizens of the United States.

Dr. Gardner: I am sorry I cannot give you the exact number, but I do not think I will be far from right in stating that we have between forty and fifty Chinese in the Napa asylum today. Outside of that nationality I do not think we have very many people who are not citizens of the United States. It was a very difficult matter to arrive at—almost as difficult as to ascertain the duration of life of the chronic insane. As for the other asylums, he had no knowledge, and could only approximate it; but his impression was that while there were, no doubt, some who were not citizens, the number outside of Chinese was very small.

Dr. M. Schnabel, of Newcastle, said, in view of the interesting facts presented on this subject, which really demands more attention than it has so far received, and in view of the fact of the weight that a memorial to the Legislature would have—perhaps more weight than a proposition coming in any other form—he was in favor of the President appointing a committee of five to draw up a memorial for presentation to the next Legislature, asking for such an appropriation as will be deemed necessary for the further care of the insane in the State of California.

**COMMITTEE ON MEDICAL TOPOGRAPHY, METEOROLOGY,
ENDEMICOS AND EPIDEMIOS.**

J. P. Widney, of Los Angeles, the Chairman of the Committee, said: The subjects of meteorology, endemics and epidemics had been so thoroughly presented to the Society year after year, that he proposed to devote himself to a subject which might be classed under the head of medical topography. Among the varied climates of California, we had tested the sea-coast, the interior valleys, the mountain foothills, the high Sierra, and to a limited extent the desert slope of the east Sierra, not only as health resorts for invalids, but as a permanent residence for population. There remained a class of persons, not necessarily invalids but seekers after a more congenial climate, who were not yet suited, and to whom all the regions enumerated were unsatisfactory. Given a climate possessing the coolness and equability of the sea-coast, without its fogs and its harsh winds, and the desideratum would be reached. Such localities did exist: notably near San Francisco, in the higher elevations of the coast mountains, upon the peninsula immediately north and south of the bay, and yet to a more marked degree in the Sierra Madre mountains back of Los Angeles, and in the Santa Monica mountains westward of that city, reaching to the sea. These localities derived their day freshness from the proximity of the cool waters of the sea, while the rapid radiation characteristic of the clear atmosphere of the uplands gave to the night air that peculiar crispness so tonic to the human constitution. These localities were necessarily difficult of access, but modern engineering skill was successfully overcoming natural obstacles. Already a project was under way within a few miles of Los Angeles that would make a practical test of this matter in Southern California. A plateau on Mt. Wilson, at an altitude of 2000 feet, had been selected, and work upon the proper railway communication had already been commenced. The development of this new climatic home,

and its adaptability to various diseases, would be watched with much interest by the profession, as the unusual combination of climatic, hygienic and scenic influences must show results that had not heretofore been noted.

COMMITTEE ON PATHOLOGY AND PATHOLOGICAL ANATOMY.

D. C. Barber, of Los Angeles, Chairman of the Committee, said that no very startling new discoveries had been made in pathology during the past year. From the morbid appearances of disease observed and described during that period, he selected some that were of interest. Chronic pancreatitis with disseminated fat necrosis has been studied by various observers. This change, when abundant throughout the organ, was sufficient to produce complete cessation of function. It appeared to occur chiefly in the aged, and it was suggested that the accumulation of fat might be a valuable symptom of disease of this organ. Regarding the influence of pregnancy on epilepsy, Dr. Guder has drawn the following conclusions: (1) That epileptic attacks were, as a rule, absent during pregnancy, but that they were almost certain to make their appearance during and after the puerperal period. (2) That the offspring of epileptic women were predisposed to the disease, and as far as possible should be dissuaded from marriage. Binet has isolated a substance from human urine that, when inoculated in guinea pigs, produces a rise of several degrees in temperature. It is invariably found in the urine of tuberculous persons, and in other pathological conditions, but slightly in normal urine. Tuberculous animals are especially sensitive to its influence, which in healthy animals is less regular and intense. Later investigations seem to show that the so-called cancer microorganisms of Russell were not microorganisms at all; and, even if so, they could not be regarded as characteristic of cancer. Two specimens of uterine myoma, one of syphilitic lung, a case of phthisis consolidation and two specimens of normal mammary gland, under the same conditions, yielded precisely identical bodies. The author discussed the morbid anatomy of inebriety in an exhaustive manner, and alluded to the observations of Dr. McKenzie, of the Brompton Hospital in London, on autopsies of alcoholics in which tubercular lesions had been found. Of seventy-five cases examined, sixty-seven had the lungs principally affected. In only ten of the seventy-five was there any hereditary taint. In many of the cases for some time a diagnosis could only be made by examination of the sputum, the main symptoms being masked by hepatic and nervous manifestations. This observer lays great stress on the importance in all cases of marked alcoholism, where expectoration was present, of examining the sputum, even when the liver or nervous system seem to be the part affected.

Dr. J. C. Spencer, of San Francisco, said there was one matter of interest in connection with pancreatitis with fat necrosis. In a paper by Dr. Welch of Johns Hopkins University, a year or two ago, a case which came to the *post mortem* table, of pancreatitis showing numerous

foci of fat necrosis, cultivations made from these by means of gelatine plates, etc., demonstrated that the bacterium coli commune was found in each one of these foci, and was presumably the cause of the pancreatitis. On the subject of cancer and microorganisms there seemed to be very little that was definitely settled. A year or two ago Thoma of Dorpat, thought he had discovered a microorganism that was the cause of cancer. This appeared to be one of the higher grades—something on the order of the plasmodium malariae—and was described as a coccidium. Ribbert, of Bonn, who took the matter up, found, or thought he found, that these appearances were not organisms at all, but degenerative changes in the cancer cells which resulted in the formation of vacuoles. Regarding the pathological lesions of inebriety or alcoholism, his experience had been drawn largely from cases from the alcoholic cells in Bellevue Hospital, New York. He had occasion to make numerous autopsies there of patients who died from acute alcoholism. The course of the various cases was different in regard to the length of time; but as a rule the subjects suffered from what we called wet brain—that is, effusion of serum, with cloudiness of the pia mater, and sometimes pachymeningeal hemorrhages. If the case ran any prolonged course, it was usually found that they suffered more or less from peripheral neuritis, and these changes were generally in the parenchyma of the nerve fibres, and resulted in a degeneration and consequent lesion. He took occasion to urge a more lively interest in pathological matters. It was very much more satisfactory to get hold of pathological material to confirm a diagnosis. In private practice it was not always possible to receive permission to make an autopsy, but in every instance where it was possible we should insist upon it if the patient's friends can have their prejudices overcome by a little persuasion.

**WHAT IS NEEDED TO MAKE OUR THERAPEUTIC USE OF THE
MINERAL WATERS OF CALIFORNIA MORE GENERAL AND
PRACTICAL?**

H. M. Pond, of St. Helena, read a paper upon this subject. He assumed that our mineral waters had a decided and definite therapeutic value. The chemical similarity to European spas of established repute left no reasonable doubt of the fact: while the testimony of the aborigines, who use them empirically, added confirmation. He did not believe that the benefit in chronic diseases obtained from a visit to a mineral spring was due in greater part to change of air and scene, though these were unquestionably valuable aids; but rather that the therapeutic influence of the water was the chief remedial agent. Were this not so, it would be needless to consider the chemical composition and therapeutic action of the water. It was necessary to discriminate between springs, and the public needed instruction in this matter. Before visiting a spring, the patient should consult his physician and be directed to that one suitable to his individual case. The profession also needed instruction in this matter, and it should be qualified to give an intelligent opinion upon the subject. This could only be accomplished by studying chemical analyses of the various springs. Mineral springs, with which Nature had endowed California, were not the least important of her natural resources; yet, as far as he was aware, the subject had never received any State aid or encouragement. An appropriation by the

Legislature, expended (under the supervision of the State Board of Health or the Chemical Department of the University of California, or other competent authority), in careful analyses, the collection of authentic results of the use of the various springs, and the wide dissemination of this information, would be a remunerative investment. The owners of health resorts should be awakened to the fact that the profession recognizes the mineral springs as important remedial agents, and proposes to regulate the choice and method of their use. No one spring was a "cure-all," and the shortest way to permanent success was to define those ailments which it was calculated to benefit. A resident medical adviser was a necessity, and it was ridiculous to send a patient to a watering place without knowing that he would be provided with skilled advice and attention. All things being equal, the profession should discriminate in favor of those springs where medical men were regularly employed, and encouragement should be given for the compilation and preservation of clinical records. In this connection, he suggested that it would be better if the medical officer was provided by the State authority, thus insuring his independence. He believed that by the adoption of some such means, California's comparatively unknown springs would soon rank with those of European celebrity, when aided with the rich gifts of Nature with which we were here surrounded.

Dr. James Simpson, of San Francisco, said he agreed thoroughly with all Dr. Pond had said regarding the mineral springs of California. He had no doubt that in this State there were mineral springs equal to any in Europe; and when we see, as Dr. Pond has pointed out, how those waters are used and drunk—each person pursuing his own course, at liberty to do as he pleases—and yet observe the wonderful effects which they at times produce, it shows there are springs in California well worthy the attention of the public, to say nothing of the profession. The Doctor called attention to the manner in which the mineral springs of Europe are managed. At Carlsbad and other large resorts the food and almost the very air a person breathes is measured by a municipal ordinance, and no one is permitted to sell food, drink, or anything else unless ordered for the patient by the physician. Everything is managed in such a way that those springs are utilized under the intelligent direction of the profession; here each one does as he pleases. Dr. Pond had taken a step in the right direction. Unfortunately the average legislator will seldom come up to the point of assisting the public to obtain health. He frequently thought that if they had any designs upon the public it was for their own benefit and not in the interests of the public. There was an effort made some two or three years ago by the State Board of Health to accomplish something in regard to their sanitary condition, so that the accommodation would be such as the best sanitation would give. At present, at most of the springs, after the long winter months have passed and the first crush of the public, occupying say a month or six weeks, is over, during the balance of the season there is too frequently no sanitation—in fact nothing that would contribute to health except the pure atmosphere and the springs; yet notwithstanding all this they were beneficial.

Dr. D. E. Barger, of San Francisco, thought that what was needed more than anything else was a sanitarium at one of these springs. We had a great many springs in this State, but there was not a place in the whole State where you could send a patient with the assurance that he

will be properly taken care of. It is not the fault of the medical profession: it is the manner in which the springs are conducted. If physicians would interest themselves, invest some money, and establish a sanitarium at one of these springs, we would have an institution where we could send patients. A number of these springs have valuable medicinal waters, but there is no means of treating patients properly. Diet is one of the principal things to be considered, and at all of these places the diet is suitable only for well people. So far as the springs at present were concerned they did a great deal of good, and the people that were conducting them try to do the best they can, but there is no system at any of them.

IS JEQUIRITY A SAFE REMEDY? YES.

W. D. Babcock, of Los Angeles, read a paper upon this subject. He said a successful treatment for trachoma and pannus had been sought for a long time: and various methods, operative and therapeutic, had given good results in the hands of specialists. All could not do special work, and if there was a safe remedy that could be used by the general practitioner it should be known. He believed this requirement would be fulfilled by jequirity. Anyone who can treat a case of ophthalmia neonatorum can handle a case of jequirity inflammation, and he thought that no intelligent physician need have any hesitation in employing the drug. In most of the cases he had treated, he had not seen the patient until after the inflammation had passed away. In only one case had there been the least anxiety, due to the patient exceeding the instructions; yet the result in this had been better than in any of the others. He could not agree with some authorities who regarded the remedy as dangerous, and believed that their cases had been unsuitable or that it had been used too freely. He employed an impalpable powder of the bean. The eye was dilated fully the day before, and kept so during the time that it was inflamed. About twice the size of a mustard seed of the powder is dusted into the eye, preferably on the everted upper lid, at bed-time, the operation being painless. If inflammation has not supervened by morning, apply some more of the powder, and in about three hours the inflammation begins. This is at its height in twenty-four hours, and continues for three or four days. A wash of bichloride (1:5000) or a saturated solution of boracic acid is used every hour during the day and every three hours during the night. This must be gotten well under the lid, and the washing kept up for the first three days; after this, not so often. The skin around the eye is kept well smeared with vaseline. If the pain is not very great, nor the secretion profuse, hot water is applied for ten minutes every hour or two. Otherwise, cold water must be used. Cocaine is of great service in relieving pain. Ten days after the first application an astringent will aid recovery. If the first operation should not prove successful it can be tried again in about two months. Jequirity is a great searcher-out and makes a clean sweep of the whole membrane, being therefore more thorough than the usual surgical treatment.

Dr. A. Barkan, of San Francisco, hoped heartily that future experience in using this remedy would bear out all the results Dr. Babcock had obtained in regard to its efficacy and its harmlessness. If so, we would surely have an excellent remedy for the treatment of a disease which is tedious, and sometimes serious in its results. He could not feel quite as hopeful as the author: although he would admit that he had not a single experience to back his distrust of this remedy, more than the reports of others. But there was a little physiological reflection that had kept him thus far from using it. This remedy in its results closely resembles fresh gonorrheic inoculation. This inoculation, which changes the chronic inflammatory process into an acute blennorrhea, has been in vogue for many years, and has been given up. Why? Because the surgeon was never sure of the ultimate result of the damage which might be done to the cornea, in the way of ulceration setting in, old ulcers deepening, abscesses being produced, perforation occurring, and final loss of the eye-ball. The effect of jequirity to the conjunctiva and upon the eye reminds one very much of the same process going on. We are very fortunate if the eye escapes such disastrous results; but they have occurred in the hands of very experienced men, such as Knapp of New York, and he was afraid they were going to occur again. He hoped to hear that the Doctor had used either a new method, or had modified the old application of jequirity so as to make it less virulent in its effect; but as he understood the paper, it was the application of the pure powder, and a very severe attack of conjunctivitis was mentioned as following it. He hoped he would be able to report further on, when he sees those cases again, whether the cure produced was a permanent one, or whether some trachoma follicles did not escape as they do in scraping or pressing. The speaker here exhibited and described an instrument recently introduced by Knapp for the treatment of trachoma. It is a forceps, a modification of that by Noyes, at the end of each branch of which there is a roller. It works just as a mangle does. After local anesthesia has been produced, the lid is thoroughly everted, and every part of the membrane, both the upper and lower conjunctiva of the eye-lid, where very often trachoma granules hide themselves, is taken hold of; and by using a good deal of force the lid is passed through the rollers of the instrument just as linen is passed through the rolls of a mangle. He had tried the instrument, and it worked beautifully; the reaction was very slight, and the result thus far had been exceedingly satisfactory. Sometimes it is necessary before using the forceps to incise the individual trachoma granules with a bistouri, or to prick them open with a needle.

Dr. Babcock said he had coming into his office every day a man who has a judgment of \$25,000 against a physician for treating his eyes by the use of jequirity. Notwithstanding that menace he still used jequirity. In the majority of cases where rubbing, rolling and scraping are used, it has to be done over, once, twice or three times. We hear of the successes: we do not hear of the failures. The operator cannot every time get hold of the follicle and squeeze it out. He brought the subject up for the purpose of bringing it to the attention of the general practitioner who is away from the cities, out of reach of the specialists, and some of whom have to take care of their patients and also their own horses. He used jequirity cautiously at first, until now he could handle it fairly well.

PULMONARY ATELECTASIS AS A CAUSE OF ANEMIA.

Albert Abrams, of San Francisco, read a paper upon this subject, in which he showed by accurate observations, supplemented by measure-

ments of hemoglobin and the red blood corpuscles, that atelectasis of the lungs is a frequent factor in the etiology of anemia. He enumerated the symptoms of anemia of pulmonary origin based on the observation of twenty-five cases observed in private practice. Improvement in these cases was noted after the inhalation of relatively compressed air by means of the pneumatic cabinet. He believed, however, that no special apparatus is required if the patient is taught to make repeated forced inspirations. The following conclusions were formulated: (1) Physiological atelectasis of the lung is a frequent condition. (2) It may be readily diagnosed by the presence of circumscribed areas of lung dullness, which disappear after repeated forced inspirations. (3) Physiological atelectasis of the lung is frequently associated with anemia. (4) In all cases of anemia of obscure origin examination for atelectasis of the lung should be made. (5) Anemia, due to physiological atelectasis, may be cured after inflation of the lungs. (6) Forced voluntary inspirations are an excellent substitute for inhalations of pure oxygen, and are of great value in anemia from whatever cause.

Dr. James Simpson, of San Francisco, inquired if the author would state more explicitly what he considered the various causes of atelectasis?

Dr. Abrams, said he could not attribute atelectasis to any particular condition, other than that we did not use our lungs as we should, and that our present modes of life were perhaps insufficient to render the lungs sufficiently developed. He knew of no particular cause.

Dr. W. F. McNutt, of San Francisco, said that he did not believe we had such a thing as physiological atelectasis, or such a thing as physiological degeneration, or that we have dullness from atelectasis; there may be a little flatness: there certainly is. Where there is dullness there is an exudation, either fibrous or mucous, and, as the air-cells are filled, the lung becomes solid. The mere collapse of the lung cannot be physiological. The weakened condition of the lung may allow it to collapse; we see this in emphysema; the air-cells give way from nutritive degeneration, and they dilate and coalesce, and large calities form in that way. We have the same thing in anemia—a weakened, degenerated condition of the air-cells or of the small bronchi, where it may collapse. Larger tubes will never collapse. If there is any considerable atelectasis, then it is owing to the obstruction of the large tube and not to its collapse. In many of these cases where there is simply a partially collapsed condition of the lung which might be called atelectasis, we have an edema of the lung; we have weakness and exudation. The moment you dilate the lung and expand it a person will expectorate, and the mucus in the lung is removed either by absorption or by expectoration, and in a little while you will find the lung where it was, flat, perhaps normal. Inspirations will dilate these lungs; but that was not, to his mind, by any means, a physiological condition, and certainly not physiological atelectasis.

Dr. G. F. Shiels, of San Francisco, said it was undoubtedly true that a man fills his lungs better at one time than at another, and that there are times when the lung is not quite so full as it is at others; but there were some things brought up in the paper which were of terrible import. Dr. Abrams told us that nasal stenosis was a cause of anemia. The speaker feared that the human race were all pretty much subject to anemia, if that were one of the causes. He doubted very much whether there was any individual who had not more or less narrowing of his

nasal passages. He did not think we could attribute anemia to a thickening of the mucous membrane of the nose and obstruction of the passage of air through the nasal passages, and he would like Dr. Abrams to explain how he brought about the connection. The author spoke of cachexia, due to cardiac disease. As he understood it, cachexia meant a loss of nutrition, a general pallor and weakness and loss of strength. It seemed to him that in most cardiac diseases the patient does not show any such cachexia until a very late stage of the disease; in fact, as a rule, cardiac trouble is found out more by accident than by cachexia. He would like to have Dr. Abrams explain what he means by cachexia of cardiac disease, and anemia following nasal stenosis.

Dr. Simpson, of San Francisco, said that patients often came to him with dulness of one lung and other contributory symptoms, all pointing to incipient phthisis, and that he found them getting well, as Dr. Abrams had said, and not verifying his prognosis. There is nothing that places one at such a disadvantage as the making of a wrong prognosis. He recognized the condition described by Dr. Abrams, and had for years, perhaps, without a satisfactory explanation. We all know that one of the first appearances presented by any one with a cardiac lesion is almost certain to be anemia; we all know that when the lung is not properly oxygenated we very soon have anemia; call it cachexia, or what you will, we have an anemic appearance. The treatment should be such as to place the materials of the body of every kind in such a shape that they will assimilate and digest and manufacture nutriment into healthy flesh and blood. We give iron, we give tonics. He had occasionally used oxygen in such cases with a great deal of advantage. He recognized the condition described by Dr. Abrams, and was never more interested than in the description that he gave of atelectasis.

Dr. Shiels, of San Francisco, said he had no intention of belittling the paper, but he intended to say that you do not have anemia as an early symptom of valvular disease of the heart; you do not have cachexia. He did not believe that nasal stenosis was a cause of anemia.

Dr. McNutt, of San Francisco, said that the pathological condition of the lungs from heart disease was entirely owing to the valves involved. With regurgitation of the mitral valve we very soon have obstruction of the lungs, and dulness; very often dulness. In chronic regurgitation we have a constant passive hyperemia of the lung. An autopsy will show a brown induration. He did not suppose that where you have mitral regurgitation, or constant bronchitis, or constant mucus in the air-cells, that it was anything else but hyperemia that was obstructing the lung. We know very well that stimulants to the heart's action, unloading of the portal circulation, giving iron and such remedies as will benefit the patient, will clear up the lungs: but certainly the pathological condition of the lung was not atelectasis, but hyperemia. He had numbers of these pathological conditions of the lung every day, and of that chronic condition called brown induration, where the lung has become so hyperemic that the blood vessels are apt to rupture and you will find the coloring matter of the blood absorbed. You will find a thickening of the walls of the air-cells in those cases, and a secretion of mucus constantly obstructing the air.

Dr. A. W. Perry, of San Francisco, said, regarding nasal stenosis as a cause of anemia, he had made some observations in children, and found quite a number of cases having enlarged tonsils, causing obstruction of the air passage, not only of the mouth, but occasioning indirectly an obstruction of the air through the nasal passages. This produces anemia. He prescribed remedies calculated to reduce the tonsils. He could very readily believe that nasal obstruction to any considerable

extent will cause anemia; and would go further, and say that he believed that almost any obstruction to the passage of air into the lungs will occasion anemia very quickly, and anemia which could not be removed by any therapeutic measures outside of relief of the obstruction.

Dr. Abrams, in replying, said that dulness certainly exists in atelectasis; flatness does not; there is a decided difference between dulness and flatness; flatness is a high degree of dulness. With reference to physiological atelectasis, he had particularly referred to it as physiological, for the reason that it was not due to compression; it was not due to causes which produce serious organic disturbances, or serious organic changes in the lung tissue. That physiological atelectasis exists is unquestionable. We need only refer to cases of long-continued illness, such as typhoid fever, where the patient lies in a recumbent posture for a long time; the lungs show dulness every time, and this dulness is removed after repeated deep, voluntary inspirations. This is a fact well known to us all. If the patient is not told to make deep inspirations, the dulness continues, and the physician errs in his diagnosis. He must necessarily refer in his case-book to a dulness of the lungs, but this dulness absolutely disappears after a deep inspiration. Every individual, however well, shows physiological atelectasis; every individual's lungs would become more resonant after deep inspirations, however resonant they may have been before the examination; in other words, that physiological atelectasis exists in every case. He wished to show, in his paper and in his observations, that many obscure forms of anemia were of pulmonary origin. It is as well to attribute anemia to the lungs as it is to attribute it to feculent matter in the intestines, and to many other causes which have lately come into the literature of medicine. Dr. Shiels' remarks seemed rather singular in the light of actual observations. Every medical scientist knows that all pre-thought regarding observations of medicine count for nothing alongside of scientific investigations. In referring to nasal stenosis as a cause of anemia, he merely recalled the very accurate observations of Holbrook Curtis, who investigated cases of nasal stenosis and found, as an absolute fact, that anemia existed; he made blood measurements, and counted the number of corpuscles. Dr. Holbrook also found that when this obstruction was removed, the anemia disappeared. In these cases, the nasal obstruction simply led to insufficient respiration. The speaker stated that when he referred to the cachexia of cardiac cases, he meant patients in whom there were disturbances of respiration, not to valvular cardiac lesions in the earlier stages, but only after circulatory stasis occurred in the lungs. He maintained that this stasis leads to a compression of the air-vessels with consequent insufficient entrance of oxygen into the blood, and thus anemia is produced. He affirmed, and was ready to substantiate, that the appearance of the individual with cardiac cachexia improves after repeated voluntary inspirations. In these cases he had used compressed air, but whether the same results were achieved by voluntary inspirations on the part of the patient he was unable to say.

MEDICAL EXPERT EVIDENCE.

A paper by J. P. Boyd, of Santa Ana, upon this subject, was read. He wished to suggest an improvement in the present method of teaching medical jurisprudence in the colleges, owing to its importance to the State, and from the fact that it was a means by which the public judged of the wisdom and dignity of the profession. The want of preparation for public duties was shown most conspicuously whenever a young phy-

sician was required to give evidence in criminal cases, where often the reputation of families or the life of the accused depended upon his testimony. The records of every Court had mortifying examples of ignorant and blundering testimony, where a little preparation would have enabled the witness to acquit himself with honor to the profession. Numerous examples could be quoted in support of this statement: and the colleges were largely responsible for this condition of things, when they presented no motive to the student for a thorough study of the subject. The fact that some of the finest decisions ever rendered in criminal cases had been almost in the words of learned medical experts, emphasizes the importance of this subject to the dignity of the profession and to the benefit of the State. If the twentieth century was to witness the reign of the physician, it was time the profession was preparing itself to use with judgment the power to be given it: for knowledge must be gained before power can be exercised. The colleges should provide separate chairs for teaching medical jurisprudence, and a rigid examination on this subject should be as essential as any other for graduation.

Dr. H. H. Clark, of Santa Cruz, said insane heredity was acquired from many sources. It was never implanted in the human system, it had been acquired from the start; and while it was transmitted now, and had become as it were fixed, with masses of people, yet it was an acquired habit, and nature in her efforts attempts to restore it to its natural standard. The position of the author regarding the young men of the profession is correct; we should be better prepared to go into a court of law. We are at the mercy of any lawyer that pleases to take advantage of us. The conclusion arising from the cross-questioning in hypothetical cases was such as to bother almost a philosopher. He could assure the younger members of the profession that to read a little law in connection with medicine would be of vast benefit to them. The suggestion that a chair of medical jurisprudence be established was a good one.

A NEW OBSTETRICAL FORCEPS.

Dr. W. LeMoyne Wills, of Los Angeles, exhibited a modification of the well known (and probably the best and most used) forceps of James Y. Simpson. He had been asked to put on the forceps a good many times for other people as well as in his own practice, and in high operations where the head is lodged upon the pubis, or in an oblique presentation of the head, he found that the shoulders of this forceps were very much more dangerous to the perineum than the head itself. For that reason he had had a forceps copied exactly, but the shank was made heavier and wider, doing away with the shoulder, which often tore the perineum. He had used it only once, and with perfect satisfaction. He presumed there were a good many who would take issue with any man who advocates the use of the forceps; but we are pain-savers and time-savers, both to the suffering woman and to the busy practitioner. He did not see why we should give chloral and give quinine and wait when we had a good pair of forceps, which merely is a lever and a

guide—a force put in front instead of one that is behind. He did it; he had perfect confidence in his ability to use that instrument, and he did not tear the perineum. He showed them both together [The two pairs of forceps—that of Simpson and the one designed by the speaker—were exhibited.]

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THE drug exhibition and pharmaceutical displays at the State Medical Society meetings, have been a feature which members from other than large business centers have looked forward to. The committees of arrangements, also, before the sessions, do not appear to despise the prospects of an exhibition; they even have gone so far as to invite (for cash) manufacturing pharmacists to exhibit their goods. Further, the representatives of these houses are usually gentlemanly, good-natured fellows; and such being the case, we see no good reason why they should be made the subject of attack from the floor of the meeting, as has been the case the past two or three years. It is not right. If the Society does not want them, then they should not be asked to come, and their money should not be taken. But if they are invited and they pay their share of the expense (and sometimes more), and they are as quiet as they were this year, then we believe they should not be subjected to insulting remarks.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

CALIFORNIA STATE MEDICAL SOCIETY.

Our readers will be pleased to find the greater portion of this issue given up to abstracts of the principal papers read at the Twenty-third Annual Meeting of the State Society, and outlines of the discussion of the same. We could not give an abstract of all the papers read for lack of room. For what we have published we are under great obligation to our friend Dr. James H. Parkinson, of the Occidental Medical Times, who kindly furnished us advance proofs.

In many respects the Twenty-third Annual Session was a success. The papers were nearly all good, but some were so long that the President had to call time on them. Of the papers deserving most attention, two especially may be mentioned: The Diagnosis and Treatment of Incipient Phthisis, by J. H. Utley, M.D.; and, An Experimental Study in Pneumonectomy and Lung Suture, by W. LeMoyné Wills, M.D. In the majority of cases ample time was allowed, and free discussions of the papers took place. It is to be hoped that in time all the working members will learn not to make their papers more than fifteen or twenty minutes long: then there will be sufficient time for free discussions, the most interesting and instructive parts of the meetings.

In so far as attendance was concerned, the meeting could not be called a great success. At no time during the sessions was there more than 120 present, and most of the time less than eighty. We understand that there were not seventy members outside of San Francisco in attendance; and the city members were exceedingly scarce most of the time, and apparently with no good reason, for the hall was centrally located.

A better attendance would no doubt be had in almost any of the small cities in the central portion of the State, and it appears, to our view, a mistake to have chosen San Francisco as a meeting place for next year.

The plan of having two working sessions each day, reserving the evenings for social intercourse, seemed to work admirably, and we believe it to be a good precedent to follow. The special receptions for the lady visitors (wives of the physicians) had their drawbacks. The majority of the visiting women were members of the State Society, and as these special receptions took place during the day, they took the women away from the scientific work: which was not altogether desirable.

The Reception Committee and local profession are certainly to be congratulated for the manner in which everything was made pleasant for the visitors. The theatre party, at the Alcazar Theatre on Tuesday evening, was not very large; but the attendance at the reception given by Dr. R. A. McLean and his wife at their handsome new residence, on Wednesday, was, and a most enjoyable time was spent. Wednesday night the San Francisco societies entertained the State Society at a ball and supper; at which, in accordance with the custom started at Los Angeles, no wine was served. To the majority of the members this is a very agreeable change; but a small minority appear to yearn for "the banquet"; and for these it might be well, as suggested by the Occidental Medical Times, for the Committee to set aside a certain sum to be devoted to keeping them full.

The selection of Dr. W. E. Taylor, of San Francisco, for President, was certainly a wise choice. The wrangling over the Board of Examiners was far from dignified, and should be eliminated from all future meetings.

EDITORIAL NOTES.

DR. T. J. MCCOY has gone to New York to continue his studies in the line of his special work—the eye, ear, nose and throat.

THE State Medical Society was only increased by twenty-six new members and three reinstatements this year: the smallest number in several years.

THE graduating exercises of the College of Medicine of the University of Southern California will take place in the latter part of this month. After the present college year (1891-92), all graduates of this

institution will have spent four years in obtaining their medical education.

THE hearts of our associate editor and wife, Drs. Frank and Rose Bullard, were made glad by the advent of their first-born daughter, Helen, May 15. We tender our congratulations.

DR. D. C. BARBER combined business with pleasure, while attending the State Society meeting at San Francisco, by marrying, on the 21st ultimo, Miss Nellie Yates. We wish the Doctor and his estimable wife many years of happiness.

DR. F. K. AINSWORTH has gone East to attend the meeting of the National Association of Railway Surgeons. DR. O. D. FITZGERALD will read a paper before that Society which, according to the daily papers, will produce great discussion in the medical world.

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday and Friday, October 12, 13 and 14, 1892. A large attendance and a valuable programme are expected. Chas. A. L. Reed, President, E. S. McKee, M.D., Secretary, Cincinnati.

THE next semi-annual meeting of the Southern California Medical Society will convene at Ventura, Wednesday and Thursday, June 1 and 2. This will be a convenient time for the hard-worked doctor to rest and visit the handsome little city on the Coast. The profession should attend these meetings more extensively, for their own good and the welfare of the Society.

THE following physicians from Southern California were in attendance at the State Medical Society held at San Francisco April 19-22: Drs. W. LeMoyné Wills, E. A. Follansbee, W. G. Cochran, Lula T. Ellis, W. D. Babcock, D. C. Barber, Geo. W. Campbell, F. K. Ainsworth, J. H. Utley and H. Bert Ellis, of Los Angeles; J. M. Radebaugh, of Pasadena; P. C. Remondino, of San Diego.

SOME six weeks or two months ago Dr. W. W. Hitchcock, of the Board of Education, addressed a circular letter of considerable importance to the profession in the large cities of the State. While the responses have been numerous, there are still very many who have as yet made no reply; and the Doctor would feel very much pleased to have all such fill out the blanks and send them in at once.

THE Board of Trustees of the Jefferson Medical College, at their meeting April 7, 1892, instituted a chair of clinical gynecology, with a seat in the faculty, and elected to the new chair Dr. E. E. Montgomery, who has been for a number of years Professor of Gynecology in the Medico-Chirurgical College. They also established the following clinical professorships, electing Dr. F. X. Dercum Professor of Nervous Diseases; Dr. E. E. Graham Professor of Children's Diseases; Dr. H. Augustus Wilson Professor of Orthopedic Surgery; Dr. H. W. Stelwagon Professor of Dermatology, and Dr. W. M. L. Coplin Adjunct Professor of Hygiene.

***THE DEATH OF DR. D. HAYES AGNEW.**

The death of Dr. D. Hayes Agnew, recently President of the College, in the seventy-fourth year of his age, and after a life crowned with honor and usefulness, calls for an expression of the sense entertained by the College of the gravity of the loss which it suffers, in common with the profession he adorned, the charitable institutions he served, and the community in which his skill did so much to lessen suffering and death. He began his professional life with no adventitious aids; yet by incessant industry, indomitable perseverance and singleness of purpose, he attained to its highest rank. No temptation distracted his attention from the goal of his life: neither extraneous science, nor general literature, nor the allurements of art, nor the pleasures of society. The undivided strength of his mind and his affections were devoted to enlarging the domain of surgery, not only in its operative methods (which he always subordinated to the welfare of his patients), but also in preparing for his profession a literary monument that might speak for him when his voice should be no longer heard. His minute acquaintance with anatomy and his ambidextrous skill enabled him to perform, with ease to himself and safety to his patients, operations which less accomplished surgeons hesitated to undertake. He possessed a certain magnetism of manner, quite independent of formality, that evidently proceeded from the heart and drew all hearts to himself. Never frivolous, but always cheerful, he was dignified, grave and earnest: making all who heard him, as a teacher and speaker or in familiar intercourse, recognize in him, above all other things, the upright man; for he possessed eloquence of conviction and the force of absolute honesty in all his statements, and thereby drew to himself as enthusiastic admirers and disciples, the successive classes of students whom he taught. The College, desiring to show respect for the purity, uprightness, unselfishness and modesty of Dr. Agnew's character, its admiration for the noble example of his life, and its sense of the value of his contributions to the science and art of surgery, directs that this Minute shall be duly recorded, and a copy of it, signed by the President and Secretary, be conveyed to Dr. Agnew's family. Also, that the College will attend the funeral in a body, and that the President be requested to appoint a Fellow to prepare a memoir of our late colleague.

CHARLES W. DULLES, M.D., Secretary.

SOCIETY REPORTS.

SAN BERNARDINO COUNTY MEDICAL SOCIETY.

The Society met in regular session, at 11 a.m., Dr. John C. King, President, in the chair.

Members present from San Bernardino, Riverside, Redlands, Banning, Ontario and Colton.

Dr. J. N. Baylis read some therapeutical notes on carbon bi-sulph.,

*Minute adopted by the College of Physicians of Philadelphia, March 24, 1892.

salol, hydrogen per-ox., ichthyol, aristol, iodol, and antikamnia: giving the formula for the last named as acetanilid one hundred, acid tartaric five and sodae bicarb. ten parts. He also reported a case of purpura hemorrhagica, one of hemophilia, and two of prenatal knotting of umbilical cord.

Dr. Geo. Wright read a paper on "Hygiene: Its Present Status and Its Prospective Station in Medical and Surgical Science."

Dr. Idris B. Gregory read a paper, reporting a case of placenta previa.

All of these papers were ably discussed by the most of the members present.

Society adjourned at 4:30 p.m. to meet July 12, 1892

M. F. PRICE, M.D., Secretary.

Colton, April 12.

CORRESPONDENCE.

NEW LICENTIATES.

At a meeting of the Board of Examiners held April 5, 1892, the following named physicians, having complied with the law and the requirements of this Board, were granted certificates to practice in this State:

Andrews, Harry A.	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Blondin, A. A.	San Francisco	North Western Med. Coll., Mo., Feb. 25, 1892
Craven, Chas. W.	Riverside	Miami Med. Coll., O., March 1, 1896
Curl, Eugene W.	Traver	Ky. School of Med., Ky., June 30, 1889
Fischer, Frank	San Francisco	Cooper Med. Coll., Cal., Dec. 4, 1891
Fritcher, Henry	Los Angeles	Rush Med. Coll., Ill., Feb. 16, 1875
Gibson, Richard E.	San Francisco	Cooper Med. Coll., Ill., Dec. 4, 1891
Isham, John B.	Pasadena	Bellevue Hosp. Med. Coll., N. Y., March 1, 1873
Martin, Ancil E.	Phoenix, Ariz.	Rush Med. Coll., Ill., Feb. 17, 1885
Osborne, Daniel E.	Ventura	Univ. of Mich., June 26, 1884
Payton, William B.	Perris	Univ. of Mich., June 30, 1881
Potter, Sam'l. O. L.	San Francisco	Royal Coll. Phys., London, Eng., April 30, 1891
		Cert. Reg. Gen'l Med. Council, Gt. Britain, Sept. 3, '91
Prowe, Herman R.	Alameda	State Exam., Berlin, Germany, Jan. 31, 1885
Tingley, Hilbert B.	Vina	Baltimore Univ., Md., March 20, 1889
Townsend, Chas. W.	Los Angeles	Coll. Phys. and Surg., N. Y., June 11, 1890.

CHAS. C. WADSWORTH, Secretary.

BOOK REVIEWS.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By WM. OSLER, M.D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore; formerly Professor of the Institute of Medicine, McGill University, Montreal, and Professor of Clinical Medicine in the University of Pennsylvania. New York: D. Appleton & Co. 1892. Price, \$5.50.

There can be hardly a doubt but what the practice of medicine advances toward a science in direct ratio with our pathological knowledge. As we come to know what the matter is we are the better pre-

pared to treat disease. So in the work now before us, its crowning excellence is its modern pathology: abreast with the advance thought of any land and in treatment as good as any.

It has nearly 1100 pages, containing a little less matter than Strumpe-ll, as it is printed in a larger and clearer type. It is impossible in reviewing so large a work to speak in detail, but we venture to say the seventy odd pages alone on tuberculosis are worth any ordinary book.

Osler classes tuberculosis as a specific infectious disease caused by the bacillus tuberculosis; yet he says it unquestionably may be inherited, and maternal is much more common than paternal inheritance. All are of course exposed to this contagion, but the seed must fall on appropriate ground; if, however, the tissue soil is vigorous the bacilli are killed at once, if the reparative power is strong the damage done is stopped and the patient recovers, but if there is an increased vulnerability of the tissue (diathesis) and lowered vitality, the disease will probably grow until a fatal termination. In treatment he places first of all good food and pure air. The climatic requirements are a pure atmosphere, equable temperature and maximum amount of sunshine. Given these conditions it makes, he says, little difference where a patient goes as long as he lives an out-door life; and then as a corollary to the above statement he remarks Colorado and Southern California have this advantage for early cases: they are progressive, prosperous countries in which a man may find means of livelihood and live in comfort (page 251)

As to the use of tuberculin he thinks that at present we are in the reaction wave and it will be probably several years before we can speak with decision upon the true position of this remedy.

As the outlook of tuberculosis depends much upon the digestion, the greatest care should be exercised not to disturb this function and at the same time feed the patient well.

For general medication he mentions four agencies: creasote, cod-liver oil, the hypophosphites and arsenic; and the special symptoms are to be met as they arise, for cough, sweating, diarrhea, etc., etc.

Under the head of prophylactic treatment of syphilis he advocates personal purity; but inasmuch as man's nature will not wholly change and hence irregular intercourse will always continue, he advocates the rigid and systematic regulation of prostitution in order that innocent mothers and helpless infants may not be compelled to life-long suffering for another's guilt. The above views the reviewer of this article has before advocated in the PRACTITIONER.

For chronic Bright's disease Osler again recommends "the warm, equable climate of Southern California," p. 756. In speaking of albuminuria, he says that in chronic interstitial nephritis it is often absent or transient, and that after the fortieth year the state of the arteries is far more important than the condition of the urine.

The reviewer has in mind now one of his patients who exactly fills the bill, who in the more changeable winter months alone exhibits albumen in the urine and has marked artero-sclerosis, but passes most of the year very comfortably here.

For pneumonia he advocates the expectant treatment for the milder, and symptomatic for the severer attacks. He favors early bleeding in appropriate cases, and the use of alcohol and strychnine in heart failure. He is chary about using aconite and veratrum viride.

In short, it will be seen that the author is not a polypharmacist, but an excellent pathologist; he differentiates the main from the non-essential indications, knows what to advise and what is of equal importance, what not to sanction, e.g.:

He quotes, on p. 732, Haig, who in speaking of lithia, says: "though it is a beautiful solvent of uric acid in a test-tube, yet when given to the human subject by mouth it never reaches the uric acid at all: because it at once forms an insoluble compound with the phosphate of soda in the blood, thus removing from that fluid one of the natural solvents of uric acid, and diminishing its power of holding uric acid in solution. This it will be seen is directly opposed to the idea now prevalent about the use of lithia salts in the uric acid diathesis.

There is very little to adversely criticise in the book; he might have said more under the head of treatment with advantage, but it is doubtless better to have a moderate and excellent list of drugs than a large and indifferent pharmacopeia.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS. Its Pathology, Diagnosis, and Treatment, with chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretions. By HENRY B. MILLARD, M.A., M.D., Fellow of the Academy of Medicine of New York, and of the American Academy of Medicine; Foreign corresponding Member of the Academy of Medicine of Paris, of the Royal Academy of Medicine of Rome, of the Verein Deutscher Aerzte of Prague, etc. With numerous original illustrations. Third edition, revised and enlarged. New York: Wm. Wood & Co. 1892. Price, \$3.00.

As it is the duty of the reviewer of this article to teach, among other things, urine analysis, it was with more than ordinary pleasure that he took in hand this book. He found the author to be original—all but four illustrations were either drawn by himself or taken from his own preparations. He is evidently a painstaking investigator, a careful experimenter, and he is the author of the phenic acetic acid and potash test for albumen, usually known as Millard's test, which it is claimed by many is the best test known for small amounts of albumen.

The chapter upon tests for albumen in the urine could hardly be improved. He clearly points out that accuracy, cleanliness and delicacy are the essentials if one desires a scientific analysis. He does not give a great variety of tests, but tells clearly the minutæ of the five tests—nitric acid, heat, Robert's, Tauret's and Millard's—giving preference for Robert's in ordinary cases and his own when he is searching for minute amounts. The author admits that it is not of much importance, everything else considered, if the amount of albumen does not exceed one part in 10,000 (p. 76); and yet he then carefully describes tests which will detect one part in 300,000. However, he claims, on the one hand, that albuminuria is never functional or physiological, but always has an organic pathological basis; and on the other, that certain forms of Bright's disease can exist with little or absolutely no albuminuria.

Accordingly he is justified in making the closest chemical and microscopical scrutiny of the urine. Though the trend of thought nowadays seems to be in this direction, and physiological is now usually called cyclical albuminuria, his statement that "albumen independent of renal changes has yet to be demonstrated to have an existence" strikes the reviewer as too dogmatic; and it necessitates the opinion that previous investigators (such as Chateaubourg and Capitan, who claim to have found albumen in the urine after severe exercise in healthy individuals), were mistaken, and confounded—as the author claims—mucin with albumen.

His classification of Bright's disease into (1) Croupous, (2) Interstitial, (3) Suppurative, both acute and chronic, is, to say the least, simple enough; and, if his histological and pathological premises are true, correct as well. But so bold and careful a man as Millard has a right to have opinions of his own, even if in the expression of them he at times seems arbitrary.

The last third of the book is devoted to treatment. This part would prove to be very useful and of great practical importance to anyone purchasing the work. It in the last edition carefully culls its material, yet embraces nearly everything that has been proven to be of excellence; his drug list including digitalis, caffeine, convallaria, pilocarpine, onymin, diuretin, etc.

The book has a pleasing appearance, is printed with plain type on good paper and has but few typographical errors. On page 82 the word "soluble" is used where the context shows "insoluble" was intended.

SYPHILIS IN ANCIENT AND PRE-HISTORIC TIMES. By DR. F.

BURET, Paris, France. Translated from the French, with notes, by A. H. OHMAUNDUMESNIL, M.D., Professor of Dermatology and Syphilology in the St. Louis College of Physicians and Surgeons; Consulting Dermatologist to the St. Louis City Hospital; Physician for Cutaneous Diseases to the Alexian Brothers Hospital; Dermatologist to St. Margaret's Hospital, etc., etc. "Syphilis Today and Among the Ancients" In three volumes. Volume I. Philadelphia and London: F. A. Davis, Publisher. 1891. Price, \$1.25 net.

The title is startling enough to attract the attention of any one, and it will pay to give this work a careful examination. It is a medico-literary study, which endeavors from a careful compilation of the medical and other writings of all peoples and ages to prove that syphilis is not a product of modern times, but confirms Ricord's rendering of the Bible: "In the beginning God created the heavens, the earth, man and venereal diseases."

After giving a brief résumé of the symptoms and stages of the disease as known to us, he writes a short chapter on the origin of the word syphilis, favoring the idea that it comes from the two Greek words, *sun*, with, and *philos*, love. In Chapter IV he cites several instances of apparent syphilitic lesion in the bones of pre-historic man. In Chapter V he quotes quite extensively from the medical treatise of Hoangty, B.C. 2637: these extracts seeming to prove that syphilis was known to the Chinese even at that early day. The Japanese, the Egyptians, Hin-

doos, Assyrians and Babylonians, Hebrews, Ancient Greeks and Romans—and the Profligate Romans under the Caesars especially—all are made by the author to contribute proofs to his position.

While indeed the author's views are not proven, he makes a very powerful showing, and the mass of evidence is such as to incline a reader not biased with other opinions to the idea of the antiquity of this disease. He closes the book with a brief résumé of modern treatment of syphilis.

DISEASES OF THE URINARY APPARATUS—PHLEGMASIC AFFECTIONS. By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital, New York. D. Appleton & Co. 1892. Price, \$1.50.

This little but valuable work made a favorable impression on the reviewer by the simplicity of its title. The author was John Gouley, Surgeon. The neatness of the general make-up increased the good opinion, which was not lost but still further enlarged by a careful perusal of its contents. It is, in short, a book which once read will be referred to whenever the owner has any studying to do upon such subjects.

Under the head of General Pathology of the Urinary Apparatus, he gives a brief summary of 1, phlegmasic; 2, stenotic; 3, auxetic; 4, echmatic; 5, ectatic; 6, lithic; 7, neoplastic; 8, blastomatic; 9, adenic; 10, cystic; 11, entozoic; 12, toxic; 13, traumatic; 14, allotrylic; 15, teratric; and 16, functional affections of the urinary apparatus. He translates the above into ordinary English so one can read without a medical dictionary: thus correcting what would otherwise be a very offensive style. He says, e.g., urination may be frequent (synchenuresis), irrepressible (ascheturesis), etc. It is evident he intends thus to briefly define in technical terms pathological conditions, and does not desire to use "big words" for effect. By phlegmasic he means inflammatory affections, and then proceeds to give the pathology, symptoms, causes, history, diagnosis and treatment of nephritis, cystitis, urethritis and other inflammations of the genito-urinary tract from the covering of the kidney to the glans penis.

By carefully reading this book one cannot fail to add much to his fund of practical information.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1892. Edited by P. W. WILLIAMS, M.D., Secretary of Staff, assisted by a corps of thirty-two collaborators—European and American—specialists in their several departments. 644 octavo pages. Illustrated. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The tenth yearly issue of this valuable one-volume reference work is at hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the Profession, as providing, at a reasonable outlay, the handiest and shortest résumé of Medical Progress yet offered.

Part I comprises the new remedies, together with an extended review of the therapeutic progress of the year.

Part II comprising the major portion of the book, is given to the consideration of new treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities.

The third—and last—part is made up of miscellaneous articles, such as Recent Advances in Bacteriology; Medical Photography; Sanitary Science; Use of Suppositories in the Treatment of Disease; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

THE CALIFORNIAN ILLUSTRATED MAGAZINE. Charles Frederick Holder, Editor; Andrew Brown, Manager. May, 1892.

The Californian Illustrated Magazine for May is a notable number in many respects. It completes the first volume of a magazine which, in six months, has stepped into the ranks of the great monthlies of the day and chronicled a complete and phenomenal success. The number begins a series of articles of especial interest to those who are beginning to think of the summer and vacation time. The Glaciers of the Pacific Coast is a striking presentation of these wonders, beautifully illustrated for the first time from paintings. The cuts show the birth of a glacier, a crevasse, and the famous Muir glacier from various points.

As a souvenir to the editors who visit the State this month, there is an article on the Press of San Francisco: made especially interesting by the illustrations of the editors-in-chief, photographed by The Californian artists in their respective editorial rooms. The pictures of Mr. DeYoung, Hearst, Frank Pixley, Mr. Bunker, General Backus and Mr. Heazelton are especially good. Captain W. L. Merry, the Consul-General from Nicaragua, in a third paper deals with the Nicaragua Canal. George Hamlin Fitch, literary editor of the Chronicle, gives a delightful picture of Palm Valley; the paper being illustrated by cuts, showing one of the wonders of the American continent—the famous Palm Cañon. The Rev. F. J. Masters takes up the opium traffic in the third series which The Californian is issuing, in the endeavor to prove that restriction is desirable and needed. The story of the manner in which these pictures were taken is equally remarkable, they being taken by force; The Californian artists and photographers facing a crowd of infuriated Coolies in their underground dens, creating a riot of the wildest description, but securing eleven fine negatives. Published in San Francisco. \$3.00 per year; 25 cents per copy.

AN UNUSUAL LIST OF NAMES.

The Cosmopolitan begins its thirteenth volume, May issue, under the joint editorship of Mr. W. D. Howells and Mr. Walker, with a table of contents which will attract attention.

James Russell Lowell, Frank R. Stockton, Theodore Roosevelt, Edmund Clarence Siedman, Henry James, Prof. H. H. Boyeson, Hamlin Garland, John Hay, Sarah Orne Jewett, Prof. Langley of the Smithsonian, Thomas Wentworth Higginson, and W. D. Howells himself are among the contributors. The illustrations in this issue are by such well

known artists as E. W. Kemble, Frederic Remington, F. S. Church, Walter Crane, William M. Chase, C. S. Reinhart, Dan Beard, George Wharton Edwards, Wilson de Meza, etc.

The April number of *BABY* is handsomely illustrated and is full of practical hints from cover to cover. The front page is adorned by a splendid picture of Mrs. Cleveland and Baby Ruth, by Gribayedoff. It contains special articles by Mrs. Henry Ward Beecher, Mrs. Louise E. Hogan, Mrs. Dora Harvey Vrooman, Mrs. Elizabeth Scovil Kidder, and other recognized authorities on the rearing of children and the ills and annoyances peculiar to babyhood, besides numerous bits of information, both serious and amusing, concerning the baby, and of wise suggestions for his comfort and improvement. Every mother ought to subscribe. The price is \$1.00 a year: a sample copy will be mailed free on request to the Baby Publishing Co., 907 Broadway, New York.

THE WORLD'S COLUMBIAN EXPOSITION.

Send fifty cents to Bond & Co., 576 Rookery, Chicago, and you will receive, post paid, a four hundred page advance Guide to the Exposition, with elegant engravings of the grounds and buildings, portraits of its leading spirits, and a map of the city of Chicago; all of the rules governing the exhibition and exhibitors, and all information which can be given out in advance of its opening. Also, other engravings and printed information will be sent you as published. It will be a very valuable book and every person should secure a copy.

REMARKABLE LITERARY ANNOUNCEMENT.—Hawthorne's "Scarlet Letter" and Longfellow's "Evangeline," profusely and finely illustrated, both for only ten cents, post-paid, printed from large (brevier) type, on fine super-calendered book paper, and specimen pages free to any one, is the latest announcement of John B. Alden, Publisher, 57 Rose street, New York. One would suppose they would sell by the million, each work being a famous author's most famous production.

DEPRESSION OF OPIUM HABIT.—

- R. Tinct. Capsici..... ½ oz.
 Con. Tinct. Avenæ... I oz.
 Celerina [Rio]..... 6½ oz.
 M. Sig. Teaspoonful several times a day.

After several years experience with the "Three Chlorides" in my gynecological and obstetrical practice, I can cheerfully and conscientiously say that I am well pleased with its effect in metritis and also in sub-involution, and in other congested states of the pelvic organs.

Its decided alterative action in absorbing plastic deposits is plainly characterized by its action, and its result is very satisfactory to me.

I shall continue its use so long as I have such satisfactory results from it. Very respectfully,

W. J. RIGGS, M.D.

89 S. 15th street, Pittsburgh, Pa.

PAMPHLETS RECEIVED.

- TENTH ANNUAL ANNOUNCEMENT AND CATALOGUE OF THE ST. LOUIS POST-GRADUATE SCHOOL OF MEDICINE.** Polyclinic and Hospital. Corner of Lucas and Jefferson Avenues. Term begins Monday, April 4, 1892, and ends Saturday, May 14, 1892.
- REPORT OF COMMITTEE ON DISPOSAL OF WASTE AND GARBAGE.** Presented at the Nineteenth Annual Meeting of the American Public Health Association, Kansas City, October 20-23, 1891. Reprinted from Volume XVII of the Transactions of the American Public Health Association. Concord, N. H. 1892.
- NOTES ON GENERAL VERSUS LOCAL TREATMENT OF CATARRHAL INFLAMMATIONS OF THE UPPER AIR-TRACT.** By Beverly Robinson, M.D., New York. Reprint from The Climatologist, December, 1891.
- THE UPPER AIR-PASSAGES AND THEIR DISEASES.** By O. B. Douglas, M.D., Surgeon to Manhattan Eye and Ear Hospital, Throat Department, New York; Professor of Diseases of the Nose and Throat in the Post-Graduate Medical School and Hospital; President of the Medical Society of the County of New York, etc. Reprint from the Medical Record for December 12, 1891.
- UNIVERSITY OF CALIFORNIA, AGRICULTURAL EXPERIMENT STATION,** Berkley, Cal. (a) Sulphuring in Fruit Drying. (b) Fig Trees at the Experiment Stations. (c) Notes on Persian Palms.
- BROMOPFORM IN THE TREATMENT OF PERTUSSIS.** By R. J. Mellish, M.D. Reprint from the Chicago Medical Recorder, January, 1892.
- WHAT CAN BE DONE IN CEREBRAL SURGERY?** Remarks Based Chiefly upon Personal Experience in Twenty-three Cases. By Emory Lamphear, M.D., Ph.D., Kansas City, Mo.; Surgeon to East Side Dispensary; Professor of Orthopedic Surgery in the University Medical College of Kansas City. Reprint from American Journal of Surgery and Gynaecology, January, 1892.
- CHARACTER READING FROM PHOTOGRAPHS.** By Nelson Sizer. From the Human-Nature Library.
- BULLETIN OF THE AMERICAN ACADEMY OF MEDICINE.** February, 1892.
- STUDIES UPON INJURIES OF THE KIDNEY, NEPHROLITHOTOMY AND NEPHROGRAPHY.** By Aug. Schachner, M.D. Reprint from Annals of Surgery, February, March, 1892.
- THE WILLS EYE HOSPITAL,** South Logan Square, Philadelphia. Founded April 2, 1832. Reports for the year ending December 31, 1890 and 1891.
- THIRTY-TWO UNSELECTED ABDOMINAL SECTIONS.** By Thomas Opie, M.D., Baltimore, Maryland. Read before the Southern Surgical and Gynecological Association, November, 1891.
- AN AMERICAN LEPER.** By D. W. Montgomery, M.D., Professor of Pathology and Clinician for Diseases of the Skin, Medical Department of the University of California; Clinician for Diseases of the Skin, San Francisco Polyclinic. Reprint from Pacific Medical Journal, April, 1892.
- CASES OF GALL-BLADDER SURGERY.** By Robert Abbe, M.D., Surgeon to St. Luke's Hospital; Professor of Surgery in the New York Post-Graduate Medical School. Reprint from the New York Medical Journal for January 30, 1892.
- INTESTINAL ANASTOMOSIS AND SUTURING.** By the same author as the above. Reprint from the Medical Record, April 2, 1892.
- COLLEGE OF DENTISTRY OF THE UNIVERSITY OF CALIFORNIA,** 18 Taylor street, corner Market. Eleventh Session, commencing June 6, 1892, and ending February 25, 1893.
- THE SECOND YEAR'S WORK IN DISEASES OF THE RECTUM AT THE NEW YORK POST-GRADUATE HOSPITAL.** By Charles B. Kelsey, M.D. Reprint from the New York Medical Journal for March 26, 1892.
- A CONTRIBUTION TO SPINAL-CORD SURGERY.** By Archibald Church, M.D., Professor of Neurology, Chicago Polyclinic; and D. W. Eisendrath, M.D., Resident Staff, Cook County Hospital, Chicago. From The American Journal of the Medical Sciences, April, 1892.
- ATHETOSIS, WITH CLINICAL CASES.** By Archibald Church, M.D., Professor of Neurology, Chicago Polyclinic.
- THE TREATMENT OF SCIATIC NEURITIS BY THE LOCAL ABSTRACTION OF BLOOD.** By F. Gundram, M.D., Escondido, Cal. Reprint from the Therapeutic Gazette, February 15, 1892.

ada. Its value to readers, writers and students is sufficiently indicated by its title, and, although still in its first volume, its success as evidenced by the current issue is a surprise to no one acquainted with its plan and purpose.

MEDICAL EDUCATION AND LEGISLATION: From the Valedictory Address to the Class of '92, Missouri Medical College. By Geo. J. Engelmann, M.D., St. Louis, Professor of Diseases of Women and Operative Midwifery, Missouri Medical College; Hon. President First International Congress of Gynecology, etc., etc. Reprint from the Medical Fortnightly, St. Louis, U. S. A.

THE FAVORED CLASSES.—Teachers, ministers, farmers, mechanics, merchants, as well as their wives, daughters and sons, who would like to devote at least a part of their time and attention to a work that would bring them in a lot of ready money during the next few months, would do well to look up the advertisement of B. F. Johnson & Co., Richmond, Va., in another column, as it may be the means of opening up to many new life and larger possibilities. These gentlemen have been extensively and successfully engaged in business for many years, and they know what they are talking about when they tell you they can show you how to better your financial condition.

"THE MORE CREASOTE THE PATIENT CAN TOLERATE, THE GREATER THE BENEFIT."—Sommerbrodt relates in the Berl. klin. Woch. his further experience in the use of creasote against tuberculosis. In his earlier report he said that eight minims a day would cure every case if taken in the beginning; he is now convinced that larger doses, up to twenty-five to sixty minims a day, will cure even severe and advanced cases. He does not, of course, claim to cure every case; but he is positive that large doses of creasote will do more for many tubercular patients than any other drug; and his motto is, "The more creasote that can be borne, the better." The maximal doses given in the pharmacopœias are much too small, according to him; he begins at ten years of age with fifteen minims daily, and increases this to sixty. He formerly gave it in capsules with balsam of tolu; but this method he abandoned as soon as he discovered that very often the balsam was not absorbed, but passed by the bowel undigested. He now gives it in capsules mixed either with cod liver oil or olive oil. Sommerbrodt claims that creasote, if its use is persisted in for years, will allow people who cannot get away to remain at home in comparative comfort. No fear need be felt of a bad effect upon the stomach, as Sommerbrodt has given patients as high as 20,000 capsules without affecting the appetite injuriously; the most that was noted was a slight belching during the first week, which soon disappeared.—Gaillard's Medical Journal.

Our Advertisers.

ANNOUNCEMENT.—Important new text-book. *Materia Medica, Pharmacy, Pharmacology and Therapeutics.* By Wm. Hale White, M.D., F.R.C.P., etc., Physician to, and Lecturer on *Materia Medica* at, Guy's Hospital; Examiner in *Materia Medica*, Royal College of Physicians and Royal College of Surgeons, etc. American copyright edition, edited by Reynold W Wilcox, M.A., M.D., Professor of Clinical Medicine at the New York Post-Graduate Medical School and Hospital; Assistant Visiting Physician Bellevue Hospital, etc. To be printed in one compact, handy volume.

P. BLAKISTON, SON & Co., Philadelphia.

ABRASIONS — CUTANEOUS DISORDERS.—This antiseptic adhesive ointment protects the surface of the wound, and is of especial service in dressing wounds of the face, and valuable in cutaneous eruption, excoriation and ulceration:

R. Zinci Oxidi.....grs. v
 Zinci Chloridi.....grs. xx
 Gelatinæ.....drachm vi
 Listerine.....oz. vii M.

The gelatine to be dissolved in the listerine by aid of gentle heat.

CATARRHAL CYSTITIS.—PATIENT STEADILY IMPROVED AND NOW SEEMS ENTIRELY WELL.—I prescribed Sanmetto for a patient who had been a great sufferer with catarrhal cystitis, and who had undergone for a long time the classical routine of treatment, including frequent injections into the bladder of various medicaments, but no permanent benefit was achieved till she began the use of Sanmetto: since which time she has steadily improved and now seems entirely well. I was so forcibly impressed with its beneficial action in this case that I immediately ordered my druggist to keep it in stock, and I now prescribe it in a number of cases of prostrorrhea, and in gleet with most gratifying results.

THOMAS J. BOWLES, M.D., Muncie, Ind.

WM. K. GRIFFIN, M.D., Daniel, S.C., says: I was induced to try your Celerina in my own case, having been troubled with periodic attacks of neuralgia for several years past: during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of Celerina, I am thoroughly satisfied with its remedial effects in this particular affliction, and truly thankful to say its results have been most

Our Advertisers.

DEBILITY FROM LA GRIPPE.—

- R Pepsin in scales (Cudahy's)..... 2 drachms
 Acid phosphoric dil..... 4 drachms
 Syr. hypophos. comp., q. s..... 4 ounces
- M. Sig.—Teaspoonful three times a day for an adult.
 —The Prescription.

CEPHALALGIA (Extract from an article on Antipyretics, read at the meeting of the Union Medical Association of Northeastern Ohio, at Akron, Ohio, by T. M. Johnson, M.D., Canton, Ohio) —In the section referring to Antikamnia, he says: "Its action as an analgesic appears from the best evidence to be central, and I do not doubt that its antipyretic action is of a central character, thereby depressing heat production. I ordered eight-grain doses in a case of Cephalalgia, to be repeated at the end of three hours until four had been taken, with gratifying results. It causes no excitation and no depression of the vital forces, and is best administered in liquid form. It is without disagreeable taste.—Medical Record, June, 1891.

EFFICACIOUS.—The futility of iodides and large doses of mercury in tertiary syphilis—usually characterized by pronounced anemia, with impaired digestion and worse power of assimilation—is a matter of daily observation. Hygienic measures and Elixir Three Chlorides accomplish more to relieve these symptoms than any other treatment; specially efficacious in the anemia of old syphilites.

ANALYTICAL RECORDS.—WYETH'S BEEF JUICE (John Wyeth & Brother, Philadelphia).—The following analytical notes and results testify unmistakably to the excellence of this preparation. It is a dark reddish-brown liquid of beef-like flavor, and free from objectionable preservatives. It contains not only the albuminous principles of beef in an active and soluble form, but in the condition in which they occur in the freshly expressed juice of beef itself. Viewed with the spectroscope a dilute solution is seen to give two absorption bands, characteristic of fresh blood or hæmoglobin. The liquid loses this property, however, as soon as it is boiled, while the coagulated albuminous principles assume a blood-red tint. According to our experiments, no less than fourteen grains of solid albuminous principles in every fluid ounce are thus precipitated. The following figures, gained in analysis, will convey some idea of the eminent degree of concentration

through which this preparation has been carried; notwithstanding this, the vital elements of beef juice it contains have been preserved unchanged: Moisture, 44.87 per cent; organic matter, 38.01 per cent; mineral matter, 17.12 per cent. The organic materials contain 4.57 parts of nitrogen, and the mineral matter consists largely of common salt and, of course, soluble phosphate. Results like these make it safe to assert that as an example of preparations of this class Wyeth's beef juice is little short of perfection.—The Lancet, London, Saturday, April 30, 1892.

ENGORGEMENT OF THE UTERUS — GONORRHEA.—I have tried Sanmetto in engorgement of the uterus and found it better than anything I ever used. Also in a case of long-standing gonorrhea, which gave permanent relief.

W. C. Wood, M.D.

Woodward, Ala.

A NEW, SAFE METHOD OF ADMINISTERING TOXIC MEDICAMENTS.—A new departure in therapeutical posology marks a recent enterprise of Parke, Davis & Co., which is in the interest of progress, economy and exactness. The increased knowledge resulting from research in the fields of botany, chemistry, physiology, pharmacy and materia medica, has created a demand on the part of the medical profession for the essential or active principles of drugs in preference to the more cumbersome, less definite pharmaceutical preparations which custom and authority have so long sanctioned. Not a few alkaloidal principles of drugs have been isolated, and are now frequently prescribed. The conservative element of the profession have, however, in view of the toxicity of certain isolated medicinal principles and the acknowledged variety of strength and activity of products of this character of different manufacture, been loath to employ them when indicated. The doses sometimes being fractions of a thousandth or a hundredth, it is not possible for the physician to always bear them in mind, and in prescribing he is often in doubt as to what constitutes the proper therapeutical dose and what the dangerous toxic one. Dr. E. Trouette, in a paper read before the Paris Academy of Medicine and published in the *Revue de Therapeutique*, entitled *Duodecimal Doses of Toxic Medicaments*, proposes a method of obviating the difficulties hitherto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology, based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours. The advantages claimed for this method are: first, accidental poisoning need no longer be feared; second, dangerous medicaments may from the outset be given in efficient

dose without the least risk. Parke, Davis & Co. have prepared diurnules and diurnal tablet triturates of a large number of toxic medicaments, and will afford the profession full information concerning this new method of posology, with reprint of Dr. Trouette's article.

AMENORRHEA.—

R Tinct. ol. sabinæ.....2 drachms
 Tinct. nucis vom.....2 drachms
 Aletris cordial [Rio]3½ ounces
 M. Sig.—Teaspoonful four times a day.

LYSOL IN THE TREATMENT OF AURAL AFFECTIONS.—Haug (*Journal de Medicine de Paris*, iv, 2, 1892, p. 13) recommends irrigation with a centesimal solution of Lysol, in the treatment of otorrhea. In case of co-existing inflammation of the meatus and tympanic membrane, the irrigation is preceded by instillation of a few drops of a solution of forty-eight grains of cocaine hydrochlorate in a half-ounce each of distilled water and alcohol. In case of otomycosis, several drops of a solution of twenty grains of Lysol to an ounce of alcohol are introduced into the auditory meatus twice daily, and permitted to remain for ten minutes. As a dressing, gauze impregnated with a solution of from ten to twenty grains of Lysol in half an ounce of distilled water and two drachms each of glycerin and alcohol, may be employed.—*Medical News*, Feb. 12, 1892.

THE true summer drink should contain real nutritive properties, to compensate for the exhaustive waste of perspiration and counteract the weakening and relaxing effects of excessive heat. For interesting reading on this subject, see the article *A Refreshing Tonic and Reconstructive*, on second page of cover of this issue.

R. W. ST. CLAIR, M.D., Brooklyn, N. Y., says: I have used S. H. Kennedy's Extract of *Pinus Canadensis* for two years, in a large practice, and so far have never failed in reaching the most happy results. One case of nasal catarrh, that resisted the best treatment of some of our best practitioners, came to me. I began with the *Pinus Canadensis*, and am pleased to say that the cure is absolute. In two cases of diphtheria I used *Pinus Canadensis*, one ounce to one-half pint of water, with the best results. The membrane peeled off and no new formed. In leucorrhœa, gonorrhœa, gleet, etc., it is all that is needed. I know of nothing to take its place. I prescribe it many times daily; as a rule I do not advocate injections into the womb, but I have in cases of endometritis used the *Pinus Canadensis* (Kennedy's always) with great satisfaction to myself and relief to my patients.

IT PAYS TO READ THE PAPERS, for often through this medium business changes and opportunities are presented that might otherwise entirely escape your attention. For instance, B. F. Johnson & Co., Richmond, Va., have an advertisement in this paper that will prove of especial interest and value to a large number. Write to them for further particulars.

PRURITUS.—Another formula, which has proven signally useful in some cases, is:

R Sodii salicylate.....2 drachms
 Glycerine.....—
 M. Listerineaa 7 drachms

TREATMENT OF RHEUMATISM.—"October 20, 1891, saw Mrs. H., of this city, aged 44 years. Found her suffering from rheumatism; there was pain, redness and swelling in both knees and ankles. Temperature 103, skin hot and dry, considerable thirst; urine scanty and high-colored. She said she had been subject to such attacks for several years, whenever exposed to wet and cold weather, and the duration of the attacks was from three to six weeks; and she had been confined to her bed for several weeks at a time. For five days previous to my first visit, she had been treated by salicylate sodium, aconite and opium, without any perceptible benefit. I prescribed W. R. Warner's Elixir Salicylic Acid Comp., dessertspoonful every four hours, and gradually increased the dose to a tablespoonful. In less than twenty-four hours she was perspiring freely, the temperature fell to 99, and she was free from pain; the urine became more abundant and lighter in color, the swelling of the joints rapidly disappeared, and in one week she could walk without difficulty. She continued to take the elixir for two weeks longer, in dessertspoonful doses, three times a day, and has had no return of the disease up to this date.*

"Case 2. Mrs. G. W. D., aged 28 years, Elmira, N. Y., October 11, 1889. Had acute rheumatism: swelling and redness of knees, ankles and feet, also left hand and arm perfectly helpless; pain severe and constant; temperature at first visit 104½, pulse rapid and irregular, occasional sharp pains through left breast. Prescribed Warner's Elixir Salicylic Acid Comp., tablespoonful every four hours, quinia sulph., gr. ij, every four hours. Fomented limbs by means of flannel cloths wrung out of hot salt water. She improved from commencement of treatment, and walked out on the street ten days later, and has had no return of the disease.

"Case 3. G. W., locomotive fireman, aged 25 years. Was called to treat him March 22, 1888. He had been unable to leave his bed for two weeks; ankles and feet were enormously swollen and red.

very tender to touch, and painful, so he was obliged to take full doses of opium to obtain sleep. Prescribed Warner's Elix. Salicylic Acid Comp., six fluid ounces; potas. iodidi, three drachms; M. Sig., tablespoonful every six hours. Fomentations as in former case. In a week he was able to walk about, and two weeks from beginning of treatment he went to his usual work as fireman on railroad. This man had gonorrhoea, when swelling of ankles came on, after he had his clothing wet through by being out in a storm of sleet and rain, and the discharge suddenly stopped, and did not return until profuse perspiration took place as a result of treatment and reduction of temperature. This discharge continued for ten days after he commenced work, but finally yielded to appropriate treatment.

"Case 4. J. O. D., woman, aged 45 years. Chronic rheumatism, right leg and hip; also both hands. Been helpless for eight months. Has tried various plans of treatment without material benefit. Ordered tablespoonful of the elixir four times a day (added to each twelve-ounce bottle, three drachms potas. iodidi); also gave two-gr. pill quinia sul. three times a day. She gradually improved, and in four weeks was able to go up and down stairs without difficulty, though the enlargement of joints remained for several months. She continued to take the elixir for four months and has had no return of the disease sufficient to prevent her from being around and being able to perform her usual household duties. She has had occasionally symptoms of a return of the lameness, but has been relieved by taking the remedy for a few days."—Chas. W. Brown, M.D., 902 Fourteenth street, N. W. Washington, D C., December 14, in Southern Clinic, May, 1892.

N.B. Wm. R. Warner & Co. promise to send some of this elixir for gratuitous use to any physician who has an obstinate case of rheumatism to treat.

Elixir Salicylic Acid Comp. is an elegant preparation, composed as follows: Each tablespoonful contains twenty-four grains salicylate sodium, so combined with cimicifugæ, potass. iodide and gel-seminum as to avoid all unpleasant results, such as gastric and intestinal irritation, nausea, delirium, restlessness and rapid breathing which so often follows the administration of salicylic acid. The dose is from a tablespoonful to a teaspoonful, as the case may require. Prepared by Wm. R. Warner & Co., Manufacturing Chemists, Philadelphia and New York.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, AUGUST, 1892.

No. 8

H. BERT. ELLIS, M.D., EDITOR.

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Original.

*REFRACTIVE ERRORS IN FUNCTIONAL NERVOUS DISORDERS. WITH CASES.

BY H. BERT. ELLIS, M.D., LOS ANGELES, CAL.

FELLOW PRACTITIONERS:—In presenting this paper to you, I have but one apology to offer, which is for its incompleteness, the subject matter hardly justifying the title. Its want of completeness, however, is not without excuse, for I am filling another physician's position, and that, too, at rather short notice.

The title of this paper will at once suggest to your minds both the name of Dr. Geo. T. Stevens of New York, and his theory of the intimate causal relation of eye-strain to functional nervous disorders.

The subject is by no means new; in fact it has been quite extensively written upon and discussed during the past four or five years, and only three years ago received a decidedly staggering blow from a special committee of the New York Neurological Society, which had been appointed to investigate, practically, the merits of the theory. Such being the case, my bringing the subject to your consideration may seem too much like wearing a thread-bare garment to a wedding feast.

My only excuse for writing on the subject is that I am not particularly in sympathy with Dr. Steven's theory in its entirety, and yet have had several cases, two of which I wish to bring to your

*Read before the Southern California Medical Society at the Ninth Semi-Annual Meeting, held at Ventura, June 1 and 2, 1892.

consideration which might be used as arguments in favor of a theory somewhat modified from his.

Dr. Steven's "General Proposition" which follows is not so very astounding. It is, "Difficulties attending the functions of accommodating and of adjusting the eyes in the act of vision, or irritation arising from the nerves involved in those processes, are among the most prolific sources of nervous disturbances, and more frequently than any other conditions constitute a neuro-pathic tendency."

While this general proposition does recognize other causes it makes "eye errors" chief of sinners. There has been ample opportunity since the enunciation of this principle to examine it carefully, to verify or disprove it.

What are the facts? Dr. Stevens has a few ardent admirers and close followers, but the great majority of oculists and neurologists discredit, at least to a very great extent, the intimate causal relationship indicated in the general proposition.

Among functional nervous disorders are classed those disturbances which are characterized by increase or diminution of sensation or motion, or by various other phenomena in which we find no evidence of an organic change, in either the central nervous system or in the nerves of the part affected. For instance, certain headaches, migraine, certain neuralgias, neurasthenia, chorea, epilepsy, and some mental disorders. The causes of these troubles are recognized to be either predisposing or immediate. At the present time but very few practitioners are to be found who deny the intimate connection frequently existing between refractive errors, and headaches or neuralgias.

The question at issue between Dr. Stevens and his opponents is on the causal relation of eye-strain, i.e., refractive errors or muscular inequilibrium to epilepsy and chorea.

I will not burden you on this occasion with a recital of cases of headaches and neuralgias cured by correcting refractive errors, but will call your attention to two cases in which choreic movements of the lids were entirely relieved by glasses. In one case the chorea had been of several years standing, and in the other, while of short duration, many drugs had been given and some dieting indulged in, without accomplishing anything in the way of relief.

Case 1. C. M., a boy eleven years old, came to me October 3, 1891, to have his eyes examined.

As I had been personally acquainted with the boy for some years I was able to get quite a clear history. He was of light build, but as he lived an active out-of-door life he was in good

physical health and had always been well from infancy. In short, he was a remarkably active, healthy boy. At the age of six he commenced to go to school, was bright and fairly industrious and has consequently stood well in his classes.

At an early age, even before his school work began, his parents and brothers noticed that he had considerable twitching of the eyelids, and that this twitching very slowly but none the less certainly was growing worse, or was worse at times. The parents were inclined to attribute the twitching to habit and were constantly upbraiding him for it.

During his early childhood he also occasionally had styes, and as he progressed in his school work and there was a greater demand on his eyes, the frequency of these styes was increased so that by last October the history that he gave was that he would scarcely get well of one before another appeared, and frequently he had more than one at a time. By Thursday or Friday of each week during school term he was troubled with a headache. His appetite, digestion and habits were just what we would expect in a healthy boy of his age—excellent.

In the early part of the year 1888 (the exact date I am unable to find) the mother consulted me concerning the "twitching habit." After inspecting the eyes and making an ophthalmoscopic examination, I advised a careful examination of the boy's refraction, and I further recommended consulting another physician as I was about leaving the city for a year or so.

The physician was consulted, the refraction, probably, hastily examined, the blepharitis prescribed for and the parents' diagnosis—habit—confirmed; at least, the understanding was that the refraction of the eyes was not responsible for the twitching. The blepharitis improved while the medicine was used, but it had never been a very troublesome factor. The choreiform twitching was not relieved, but, on the contrary, continued to get a little worse until last October, when the styes and headaches were becoming troublesome factors, they sought me again.

On examination I found that he had slight marginal blepharitis and an angular conjunctivitis of a mild character. Oblique illumination and the ophthalmoscope revealed perfect refracting media, round discs, clear retinae and vessels of normal size. The lachrymal apparatus were healthy, the iris responded quickly and freely, the tension of each eye was normal, and muscular balance was all that could be desired.

On examining for an error of refraction I found just what he said I would—that he could see just as well as anyone. The vision of each eye was $\frac{1}{2}$, and this I could not improve upon,

although he could see just about as well with a plus .50 D. S. glass over each eye.

A few days later I instilled into each eye a drop of a four grain to the ounce solution of homatropine every five minutes for half an hour. This put the accommodation completely at rest, and while in that condition, I found vision to be $\frac{1}{4}$ in either eye, which was brought up to $\frac{1}{2}$ by placing before each eye plus 1 D.S. I prescribed for his constant use plus .75 D. S. For a couple of months he wore the glasses according to instruction, but after that he used them only for reading and studying, because they were in his way when playing.

On May 7, of this year, he returned saying that about two weeks previously he had broken his glasses, and that he wanted another pair in order that he might study without headaches. On inquiring of the brothers of the boy and his mother, I found that from a week after putting on the glasses he had been absolutely free from styes and headaches, although studying harder than ever; and there had been no involuntary twitching of the eyelids.

I expect to hear someone say this was not a case of true chorea. I do not claim for it that it is a case of chorea magna. But I believe that it clearly comes under the definition given by Sachs, in Keating's Cyclopaedia of the Diseases of Children: "By chorea we designate a neurosis which is characterized by irregular involuntary movements of the muscles * * * usually occurring between the ages of five and twenty."

Case 2. W. B., aged eleven years, was referred to me January 13, 1892. I was unable to get as clear a history in this case as in the one just related, but it was sufficiently full to establish a diagnosis and indicate a line of treatment.

His complaint was that he has suffered more or less from headaches for over a year, but they had been especially severe for two or three months. In fact they had been so bad as to necessitate his being taken out of school and depriving him of his books (and of reading he was very fond). In one respect the two boys differed very markedly; the former was healthy and active, being out of doors whenever he could get a chance, while the latter would only leave his reading for out-of-door play when he was driven out by his mother. His appetite was capricious and bowels sluggish, and instead of being active he was languid.

During the months of October, November and December, 1891, while his headaches were most severe, he was also greatly troubled with blepharospasm and spasmodic movements of other facial muscles.

The mother was not a little worried over the boy's condition

as she had an elder son who was a sufferer from chorea. The mother herself was a neurasthenic. To make matters worse the boy at this time was not making more than a pint to twenty ounces of urine in twenty-four hours and had a tendency to phymosis. Had my good friend, Dr. P. C. Remondino from San Diego, seen the case, I feel sure he would have said choreic movements due to phymosis, circumcision by all means. But we do not all see alike.

I put the boy on arsenic and iron, and in the course of two weeks he was much better physically, but still had the choreic movements. I then made a careful examination of the eyes. There was a mild marginal blepharitis and a chronic conjunctivitis which had been under treatment at some previous time. Tension was normal, the media were clear and the ophthalmoscope revealed perfectly healthy retinæ; discs slightly oval, vessels normal and responsive irides. The muscular balance was not perfect but the esophoria was very slight. The vision for either eye was $\frac{1}{2}$ which was neither improved nor injured by the application of plus .50 D. S. glasses. As the boy was out of school and his time was not valuable, I placed his eyes under the influence of atropine for three days, using a "four grain to an ounce" solution, one or two drops in each eye four times daily. Under the mydriatic I found his vision to be only $\frac{1}{4}$ with either eye. The right eye was brought up to $\frac{1}{2}$ by plus 1 D. S. combined with plus .25 D. C. 90°; while the left eye only required plus .75 D. S. to make its vision $\frac{1}{2}$. When his eyes came from under the influence of the atropine he would not accept the astigmatic correction and consequently I put a plus .50 D. S. on each eye. Two weeks later I saw the boy and then he scarcely had a convulsive muscular movement. What the final outcome of this case was I cannot say, but I imagine it was favorable as my instructions were to return in a month unless he got along well in the mean time.

107 North Spring Street.

THE American Orthopedic Association will hold its sixth annual meeting in New York, September 20 and 22. Among the many interesting papers on the announced program we notice one by Dr. Harry M. Sherman of San Francisco, "An Easy Way to Hold the Operated-on Club-Foot in the Correct Position while the Plaster-of-Paris Applied Sets." While in San Francisco we had the pleasure of seeing the doctor employ this method, and we considered it an exceedingly clever and simple method.

CHEMISTRY ESSENTIALS—THEORY.

BY F. D. BULLARD, A.M., M.D., LOS ANGELES.

Lecturer on Chemistry, College of Medicine of the University of Southern California.

Chemistry is that branch of science which treats of the composition of substances, the changes in composition, and the laws governing such changes. All matter is composed of atoms arranged in molecular form.

An atom is the smallest conceivable portion of matter, the smallest part of an element which can enter into the formation of a molecule, or take part in a chemical action.

A molecule is a collection of atoms held together by chemism or chemical affinity in such a way as to neutralize their tendency to combine with outside atoms, and hence is the smallest portion of matter which can exist in a fixed state. It must be composed of at least two atoms; if they are of the same kind the molecule is simple, but if of different kinds it is compound. Chemism acts across inappreciable spaces.

Atoms differ from one another in their weight, and the quality and quantity of their combining power. The quality of the combining power of an atom or its polarity depends on its electrical condition. Atoms are said to be positive or negative accordingly as they are disengaged in electrolysis at the positive or negative pole. But as similarly polarized bodies repel and oppositely polarized bodies attract, it follows that the atoms disengaged at the negative pole, e.g., K, are positive, and those at the positive pole, e.g., O, are negative. As a rule, metallic atoms are positive and non-metallic negative. From the principle just stated it follows that a union or combination can take place only between atoms which are unlike in their electric quality. Positive and negative as applied to atoms is relative not absolute.

The points of attraction of the atomic magnet are called bonds, and their number measures the range of combination of the atom using the hydrogen atom as the unit of comparison. This equivalence or quantivalence of atoms is expressed by saying, e.g., that chlorine is a monad, oxygen a dyad, arsenic a rivalent, etc.

The atomic weight of an atom means its relative weight, the number of times it is heavier than the unit of comparison, i.e., hydrogen. That is, oxygen with an atomic weight of sixteen is sixteen times as heavy as hydrogen.

Atoms are represented by symbols, the first letter or letters of the Latin or English name. Two or more atoms are expressed by an exponent, O_2 ; two or more molecules by a coefficient, $2H_2O$, or parenthesis and exponent, $(H_2O)_2$.

A formula is the sign of a molecule, and is empirical when it gives the kind and number of atoms, and rational when it indicates the

arrangement of the atoms either in a graphic or typical form, e.g.:

Copper sulphate:

Empirical formula, CuSO_4 ;

Rational formula, $\text{Cu} \begin{array}{c} \text{O} \\ \text{—} \end{array} \text{S} \begin{array}{c} \text{O} \\ \text{=} \end{array}$

Some substances form two series of salts, one by having all the bonds of the element satisfied by other kinds of atoms, and the other where some of the points of attraction are united to like atoms, e.g.:

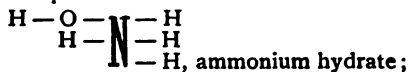
Mercury:

$\text{HgCl}_2 = \text{Cl} - \text{Hg} - \text{Cl}$, mercuric chloride, the former;

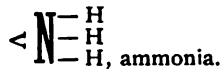
$2\text{HgCl} = \begin{array}{c} \text{Hg} - \text{Cl} \\ \text{Hg} - \text{Cl} \end{array}$ mercurous, the latter.

The full atomicity of an element is thus lessened by two whenever the bonds of the same element neutralize each other, e.g.:

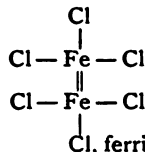
Nitrogen is a pentad in



And a triad in



An element can never exhibit an odd and an even atomicity but can vary its quantivalence by two. Iron is normally a quartad, usually a dyad, but in the formation of *ic* salts its molecule is a hexad radical, thus,



would make iron a triad.

A radical of a series of compounds is the characteristic atom (simple) or group of atoms (compound) running through them all, like the root in language. The compound radical like the atom has definite equivalence, is positive, e.g., NH_4 ; or negative, e.g., NO_2 , and never exists alone.

Compound bodies are of two classes, binary composed of two, and ternary of three kinds of *radicals*. A binary can be an acid, a salt or something else; while a ternary is either an acid, a base or a salt.

Acids are usually sour, corrode metals with the evolution of hydrogen and formation of a salt, turn vegetable blue colors red, and neutralize alkalis to form salts. They all contain one or more atoms of replaceable or *basic* hydrogen which determines their basicity. $\text{H} - \text{NO}_2$, monobasic nitric acid, $\begin{array}{c} \text{H} \\ \text{H} - \text{SO}_4 \end{array}$, dibasic sulphuric acid, etc. Acids are composed of a negative radical, hydrogen, and a connecting link, usually oxygen, forming the oxacids, or on account of their number simple acids. If sulphur is the connectant sulpho-acids are formed.

Bases are in many respects opposed to acids. They restore the blue vegetable colors reddened by acids, and form with them salts with the

evolution of one or more molecules of water. A base is composed of a positive radical, hydrogen, and a connecting link, oxygen. In inorganic bases the positive radical is metallic. Strong bases are caustic and form soaps with fats.

A salt is a compound formed by a positive radical united to a negative radical by means of oxygen as a link. It is an acid with its replaceable hydrogen taken by a positive radical. If the acid is dibasic several varieties may occur. If all the hydrogen atoms are replaced by one kind of atoms a neutral or a normal salt results, e.g., K_2SO_4 ; if only a part are displaced an acid salt results, $KHSO_4$, and if the replaceable hydrogen is supplanted by two different kinds of radicals, a double salt ensues, $KNaSO_4$. Bases and acids usually form normal salts, but if the base or oxide be much in excess a sub or basic salt results: $Bi(HO)_3$ is a base; $Bi(HO)_2NO_3$ bismuth subnitrate. The halogens form binary acids and salts without oxygen. These acids are called hydracids.

Acids, bases and salts are said to be formed on the water type, thus: $H-O-H$ represents a molecule of water, and ROH the general formula for an acid, HNO_3 ; ROH for a base, KHO ; and ROR for a salt, Na_2SO_4 .

Rule for naming chemical compounds: Give the name of the positive radical first; then the name of the leading negative atom or radical with its termination changed to *ide* in binaries, and to *ite* or *ate* in ternaries, *ite* denoting the lower and *ate* the higher quantivalence of the negative atom, the equivalence of the negative term being indicated by a comparison of the number of oxygen atoms it holds: $NaSO_2$, sodium nitrite; $NaSO_3$, sodium nitrate.

When the positive has more than one quantivalence the endings *ous* and *ic* are used to distinguish them, *ous* being used for the compound having less and *ic* for that having more of the negative element: $FeCl_2$, ferrous chloride; Fe_2Cl_3 , ferric chloride. When more than two quantivalences are known *per* denotes a higher power than *ic* and *hypo* a lower than *ous*, e.g.:

Cl_2O , hypochlorous oxide;	$KClO$, potassium hypochlorite;
Cl_2O_2 , chlorous oxide;	$KClO_2$, potassium chlorite;
Cl_2O_3 , chloric oxide;	$KClO_3$, potassium chlorate;
Cl_2O_7 , per chloric oxide.	$KClO_7$, potassium per chlorate.

Another method is to use the prefixes mon, di, tri, tetra, sesqui, etc., to denote the number of atoms of the element to which they are affixed, thus: FeS_2 , ferric disulphide; Fe_2S , di-ferrous sulphide.

In an older method proto equals *ous*, and *per*, *ic* or *ate*—the negative coming first with the preposition of between. Thus, Hg_2Cl_2 by the new name is mercurous chloride, by the old mild chloride of mercury, protochloride of mercury, or calomel; and Fe_2Cl_3 , ferric chloride (new) is the perchloride of iron (old).

The oxides of the alkaline metals, the earths and alkaline earths are sometimes named with the suffix *a* usually: MgO , magnesia; K_2O , potassa or potash; and by some the oxides of the non-metallic elements are called anhydrides—acids minus water: CO_2 , carbonic anhydride or

acid. Many compounds are known by names which do not express their composition: H_2N , ammonia; H_2S , sulphuretted hydrogen, etc.

In writing formulae, like quantivalences require the same number of atoms, two monads are equivalent to one dyad, three dyads to two triads, etc.: SO_4 will combine with one atom of Mg, or with two of Na. Many examples could be made from tables I and II which deal with only the more common.

REFERENCE TABLE NO. I.

Symbol	Negative End. Name and Quality.	At. Wt.	Quantivalence.	Remarks.
O	Oxygen	16	II	Group 6 } in Se and Cr
S	Sulphur	32	II IV VI	
N	Nitrogen	14	III I V	" 5
F	Fluorine	19	I	" 7
Cl	Chlorine	35.5	I III V VII	" 7
Br	Bromine	80	I III V VII	" 7
I	Iodine	127	I	" 7
CN	Cyanogen	26	I	} The Halogens
Se	Selenium	79	II IV VI	
P	Phosphorus	31	V III	" 6
As	Arsenicum	75	III V	" 5
Cr	Chromium	52.5	II IV Cr ₂ VI	" 5
B	Boron	11	III	" 6
C	Carbon	12	IV II	" 3
Sb	Antimony	122	III V	" 4
Si	Silicon	28	IV II	" 5 with N
H	Hydrogen	1	I	" 4
Au	Gold	196.6	III I	" 1
Pt	Platinum	197	IV II	" 8
Hg	Mercury	200	II Hg ₂ II	" 2 with Mg
Ag	Silver	108	I III	" 1
Cu	Copper	63.5	II Cu ₂ II	" 1
Bi	Bismuth	210	III V	" 5 with N
Sn	Tin	118	IV II	" 4
Pb	Lead	207	II IV	" 4
Co	Cobalt	59	II IV Co ₂ VI	" 8
Ni	Nickel	59	II IV Ni ₂ VI	" 8
Fe	Iron	56	II Fe ₂ VIIV	" 8
Zn	Zinc	65	II	" 2 with Mg
Mn	Manganese	55	II IV Mn ₂ VI	" 2
Al	Aluminum	27.5	Al ₂ VI IV	" 3
Mg	Magnesium	24	II	" 2
Ca	Calcium	40	II	" 2
Sr	Strontium	87.5	II IV	" 2
Ba	Barium	137	II	" 2
L	Lithium	7	I	" 1
Na	Sodium	23	I III	" 1
K	Potassium	39	I III V	" 1
H ₄ N	Ammonium	18	I	" 1
	Positive End.			

REFERENCE TABLE NO. 2.

NEGATIVE GROUPINGS.			
MONADS.	DYADS.	TRIADS.	TETRAIDS.
Nitrates, NO_3 Chlorates, ClO_3 Acetates, $\text{C}_2\text{H}_3\text{O}_2$ Hydrates, HO	Sulphates, SO_4 Chromates, CrO_4 Oxalates, C_2O_4 Tartrates $\text{C}_4\text{H}_4\text{O}_6$ Carbonates, CO_3	Phosphates, PO_4 Citrates, $\text{C}_6\text{H}_5\text{O}_7$ Borates, BO_3 Arsenates, AsO_4	Silicates, SiO_4 Pyrophosphate, P_2O_5
Nitrites, NO_2 Hypochlorites, ClO Hypophosphite, PH_2O_2	Sulphites, SO_3	Arsenites, AsO_3	
Ammonium, NH_4 Methyl, CH_3 Ethyl, C_2H_5	Positive Radicals	Glyceryl, C_3H_5	Ferrocyanide, FeCy_6 [Ferricyanide = $\text{Fe}_3\text{Cy}_{12}$ = Hexad]

If substances when brought together act upon each other, a reaction is said to take place, and the body producing such change is called a reagent. Anything which lessens cohesion, the force holding like molecules together, favors chemical change, e.g., solution, pulverization, heat, electricity and light.

When two or more substances are brought together in solution, if by any rearrangement of the atoms a product can be formed which is insoluble in the liquid present, that substance will be formed and separate as a precipitate.

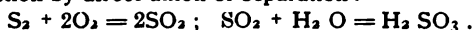
When two substances are brought together in a solution, if a gaseous body or one volatile at the temperature of the experiment can form, it will form and escape as a gas or vapor.

An equation is a combination of formulae and algebraic signs indicating the results of chemical action, both members of which must be equal. In writing a chemical equation the following general principles must be observed :

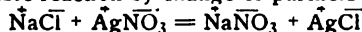
1. Positives combine with negatives.
2. Every member of an equation must represent a whole molecule or number of molecules.
3. The valivalences of the atoms and radicals must all be saturated.
4. An acid and a base cannot exist in the same solution.
5. The strongest acids select the strongest bases.

KINDS OF CHEMICAL REACTION.

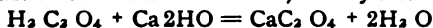
- I. Reaction by direct union or separation :



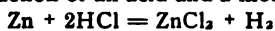
- II. Double reaction by change of partners :



- III. Reaction of an acid and a base, usually a salt and water :



IV. Reaction of an acid and a metal—a salt and hydrogen usually:



V. Reaction of acids and carbonates—a salt water and carbon

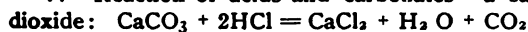


TABLE 3.

SERIES.	GROUP I. R_2O	GROUP II. RO	GROUP III. R_2O_3	GROUP IV. RH_4, RO_2	GROUP V. $\text{RH}_3, \text{R}_2\text{O}_3$	GROUP VI. RH_4, RO_2	GROUP VII. $\text{RH}, \text{R}_2\text{O}_3$	GROUP VIII RO_2
1. H=1								
2 Li=7		Be=9	B=11	C=12	N=14	O=16	F=19	
3. Na=23		Mg=24	Al=27	Si=28	P=31	S=32	Cl=35.5	
4 K=39		Ca=40	Sc=44	Ti=48	V=51	Cr=52	Mn=55	Fe=56, Co=59, Ni=59, Cu=63
5 Cu=63		Zn=65	Ga=70	Ge=72	As=75	Se=79	Br=80	
6 Rb=85		Sr=87	Y=89	Zr=90	Nb=94	Mo=96		Ru=103, Rh=104, Pd=106, Ag=108
7 Ag=108		Cd=112	In=113	Sn=118	Sb=120	Te=125	I=127	
8 Cs=133		Ba=137	La=139	Ce=142	Di=145			
9			E=166					
10			Yb=173					
11 Au=196		Hg=200	Ti=204	Pb=207	Bi=208			Os=195, Ir=193, Pt=195, Au=187
12				Th=231		U=240		

The old classification into metals and non-metals based on physical properties regarded the metals as those elements which had more or less lustre, opacity, readily conducting heat, and electro-positive in combinations; while it held as non-metals or metalloids those gases or solids which had no lustre, ductility or malleability, poor conductors of heat and electro-negative combination.

This arrangement is faulty: a number of elements are positive in one and negative in another combination; again, I and As (usually called non-metals) have decided lustre.

By a consideration of the two great chemical properties of quantivalence and electrical polarity the elements may be so grouped as to bring similar ones together.

If a list of elements be made arranging them in order of their atomic weights, from lowest to highest, the first seven after hydrogen will be found to be representatives of seven groups of similar elements and in the vertical columns under them will fall those elements which most resemble each other. The non-metals will be found, as a rule, nearer the top. The alternate series resemble each other more closely than even ones. C, N, O, F, of series two are numbered even because H has a line to itself and hence are removed from their fellows.

The above table based on atomic weights is known as the periodic law.

HEAT.

Heat is a repellant form of molecular motion which acts in opposition to cohesion and may destroy it altogether. In solids of these two forces, cohesion and heat, the former is more powerful; in liquids they are more equal, and in gases the repellant force has entirely overcome the attraction of the molecules for each other. Heat will convert solids to liquids at their melting point, liquids to gases at their boiling point; cold and pressure will convert gases to liquids and liquids to solids at the freezing point.

A few solids sublime, pass from solid to gas without becoming first a liquid—I, S, AmCl.

Distillation is the rapid evaporation and recondensation of a liquid.

Latent heat is that part of heat force or energy which is used up in overcoming the force of cohesion in expanding the body, but which does not set the molecules in motion and becomes apparent as sensible heat in a rise of temperature.

There are two great laws of heat:

It requires heat to convert a solid to a liquid, a liquid to a gas.

Heat is given off whenever a gas becomes a liquid or a liquid a solid.

Chemical action is often the source of heat.

EXP. Rapidly cool a flask (closed) of boiling water. [The culinary paradox.]

EXP. $\text{CaCl}_2 + \text{H}_2\text{SO}_4 = \text{CaSO}_4 + 2\text{HCl}$

EXP. $\text{H}_2\text{SO}_4 + \text{Zn} = \text{ZnSO}_4 + \text{H}_2$

CRYSTALLIZATION.

Crystallization is the assumption of a geometrical form on becoming

a solid. Such bodies are called crystalloids to distinguish them from colloids which do not crystallize.

Most substances on separating from a solution take up water of crystallization. Crystals which lose this water at ordinary temperature and crumble to powder are said to effloresce, e.g., Na salts become dry. Crystals which if exposed to air absorb moisture, are said to deliquesce, e.g., K salts become damp.

NO.	NAME.	LINES AND LENGTHS.	ANGLES.	EXAMPLES.
1	Isometric	3 of equal length	At Rt. <	NaCl
2	Dimetric	3 of unequal (one)	" " "	
3	Trimetric	3, all unequal	" " "	MgSO ₄
4	Monoclinic	3, one oblique		Na ₂ SO ₄
5	Triclinic	3, all oblique		CuSO ₄
6	Hexagonal	4, 3 alike and 1 different	60° At Rt. <	Ice

SPECIFIC GRAVITY.

The specific gravity of a body is the ratio between its weight and the weight of a like volume of some other substance taken as a standard under like conditions of pressure and temperature.

The standard for liquids and solids is distilled water at 39° F.; then the specific gravity is always the quotient arising from the weight of a given body in water as a divisor into the weight of the same bulk in the air as a dividend. This is based on the principle that a body which sinks in water displaces a volume of water equal to its own and loses a weight just equal to the weight of the water displaced.

For gases the standard is air or hydrogen.

For solids lighter than water a sinker is used

In liquids a specific gravity flask of known weight and capacity, say 1000 grains, greatly simplifies matters, it being only necessary to fill the flask with the liquid in question at the proper temperature, deduct the weight of the flask and divide the result by the marked contents of the flask.

Still better for liquids are the hydrometers which are long narrow glass or metal tubes with a bulb near the bottom to make it float upright, and enough mercury or shot to make it sink to a convenient depth in water. They are of two varieties, one with zero near the top for liquids heavier than water, and the other with zero near the bottom for liquids lighter than water. A urinometer is a hydrometer with scale to fit the variations in the specific gravity of urine.

533 South Broadway.

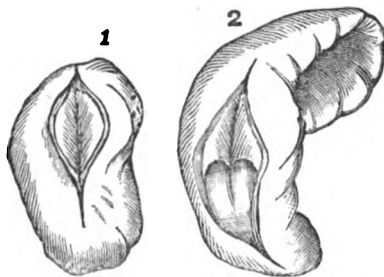
H. K. AINSWORTH, of Los Angeles, was elected one of the Vice-Presidents of the National Association of Railway Surgeons at the fifth annual meeting held at Old Point Comfort, Va., which convened May 25, 1892.

***CYSTOMA OF THE NOSE.**

BY W. D. BABCOCK, A.M. M.D.

Professor of Laryngology and Rhinology in College of Medicine of the University of Southern California.

In September, 1888, I removed from a boy ten years old a large post-nasal polypus. It was so large that it had to be removed in two pieces, Nos. 1 and 2. There were also taken from the left mid-



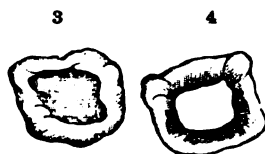
dle turbinated bone seven polypi, none of which were smaller than a bean. The right nostril was free. The origin of the large polypus was not definitely located as the boy was so nervous that an examination could not be had. I think the origin was above the septum and between it and the side of the pharynx; judging from the feel it gave to the finger, and the anterior rhinoscopic examination. The boy was repeatedly examined during the year following as often as once a month, but no return of the tumor was noticed. Since 1889 the examinations were made as often as every three or four months. For the last two years a good post-rhinoscopic view could be gotten.

The space kept clear until about the beginning of 1892 when a globular gelatine-like tumor was seen in the post-nasal space filling up the left posterior nares. Through the anterior nares the tumor was seen to fill the middle meatus and part of the lower. It could be but slightly moved with a probe. When on attempting to put a wire loop below it and "tease" it into the loop, the tumor would slip away in an unaccountable manner; it did not act like a myxoma that I took it to be. I at last succeeded in getting away piece No. 3 and found it to be part of a cyst. A posterior rhinoscopic view revealed no sign of the tumor. An unusual amount of fluid came out of the nostril. An anterior view showed a flabby growth, looking like thin white wash leather, that could be easily thrown forward by a strong exhalation. I removed this, No. 4, which showed that it was part of a cyst.

*Read before the Los Angeles County Medical Association, August 5, 1892.

The boy refused further operations and did not return again for six months, when I found the cyst had returned rather smaller than before. As this was removed the head was brought forward and about twelve drops of a thin mucilaginous fluid ran out of the nose. It was necessary to destroy part of the tissue of the upper part of the interior turbinated bone to locate the origin of the cyst. This was on the outer or concave side of the middle turbinated bone, nearer the posterior than the middle part.

In the two larger tumors it will be seen that they had begun to degenerate and small cavities had formed in their substance. In most of the cases of c. stomata of the nasal cavities they are degenerations of mucous polypi. But Nos. 3 and 4 are parts of a true



cyst as was also the last one removed. They are so because of their rapid forming after the nose had been clear for over three years, and also because of the rapid re-forming when all of the sack had not been removed. Cysts of the nasal mucous membrane are by no means common and their recurrence has never been recorded so far as I have been able to learn. In this case there was an undoubted return.

The literature is very barren on this kind of tumor; most of the authors make no mention of them. In the last year I find only two men recording cases, Richardson, *Journal Medical Association*, October 3, 1891, and McBride, *British Medical Journal*, May 14, 1892. Whether this last was a true cyst of the nasal cavity or not I cannot fully decide from the description.

The diagnosis is easy in most cases: a puncture with a small trocar will decide the case. The treatment is the same for a cyst here as in other portions of the body: remove all of the cyst if possible, if any is left destroy it. The symptoms are the same as those of myxoma with perhaps a more thorough stopping of nasal breathing, as in most cases they project backwards filling the posterior nares.

Johnson, Horsley, Lefferts and Ingals have also reported cases. *Old Wilson Block, Los Angeles, Cal.*

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Editorial.

PHYSIOGNOMY AND EXPRESSION.

It is natural to form ideas as to the character of others from a study of their faces, indeed it is almost impossible not to do so. In attempting to lay down rules to guide men to make correct decisions, there has arisen the art of physiognomy—or more properly the science of the interpretation of expression. Formerly physiognomy was midway between fanciful phrenology and logical physiology, but today it pretends less but really knows more. The older physiognomists gave many fanciful rules as to what the shape of the forehead, the size and form of the nose, the sharpness or rotundity of the chin, the color of the eyes and various other fixed anatomical peculiarities meant, but unlike the true scientist, gave no adequate reason for their opinion. Modern physiognomists like Mantegazza carefully study the expression called forth by certain states of the mind, and the laws governing such movements. The older observed phenomena, the newer study law—the one preceded the other. It has long been known

that narrow receding foreheads, enormous superciliary arches, flat noses, large mouths, irregular ears, prominent lips and receding chins are characteristic of the lower orders of men. So the older authorities characterized departure from the classical face as essentially bad according as it approached the above description, falling in their judgment into the fundamental error of confounding the beautiful with the good and the ugly with the bad.

It is not the feature alone but habitual expression which gives to a countenance its characteristic stamp. Wrinkles tell a tale as to the disposition of the man within, for they are brought about by the oft repeated use of muscles which obey the beck of an inward monitor. There is the expression of hunger, of cold, of heat, of the various senses, of hatred, of love and other emotions, and of intellectual activity and apathy. There are the countenances seen in various diseases—the maniacal, the melancholic, the hypochondriacal. Then there are permanent facial peculiarities which are the result of the frequent repetition of certain emotions or intellectual states, and still others caused by the prolonged exercise of certain professions. The miser and the coward, the priest and the soldier, show on their face their character or their business.

Expression varies both in quantity and quality with the age of the individual and his training, but generally its intensity is in direct ratio with the inward disturbance. It is found, however, that almost if not exactly the same expression may be called forth by quite different emotional disturbances, as, for instance, every one knows how very similar are the actions of the nose to express either feelings of disdain or discomfort at a bad odor. It does not follow, however, because a person has a *nez retroussé* that he is disdainful or continually experiences an unsavory smell, even though that unfortunate member gives him an impertinent air. On the other hand, an acquired sardonic grin means a sarcastic nature.

Intelligence has its seat of expression chiefly in the eye; emotion and will in the mouth; hence, it follows that visual and intellectual pains and pleasures are expressed in the same manner, and that which is a bitter pill both for the mouth and the soul causes a like position of the facial muscles. These expressions are based on the laws of self defense and association. We partly close our eyes to shut out too strong a light on account of the physical pain to the eye; we do the same thing to exclude the views of ugly pictures, though here it is not the retina but the mind that is offended. The same thing happens, says Mantegazza, when

we see or hear a solemn foolery unless by contrast it makes us laugh.

Any old teacher can readily recall the expression of pain caused by the rasping of a slate pencil when drawn in a too perpendicular manner on a slate by the irrepressible bad boy. It is said that this expression is identical with that caused by a sudden or cruel wronging of the affections.

Darwin has called attention to the fact that if a person's self esteem is wounded the face becomes a blank as quick as lightning and saliva accumulates in the mouth. The face then quickly assumes its normal position, but in a short time the individual must either swallow or spit out the accumulated saliva. The writer of this article remembered when a student of seeing this beautifully illustrated. There were at a medical meeting two rival physicians who rarely lost an opportunity to snub each other. One of these introduced the other to a friend as "Mr." instead of "Dr." Although the second man was very suave and apparently took no notice of the slight, yet there was a quick wave of forced immobility of the face followed by involuntary swallowing.

In the intelligent face the muscles are ever on the alert; in the stupid face they are relaxed. The energetic man has a firmly closed mouth while the mouth of the weak willed is half opened. By an exaggeration of these characteristics, in the obstinate the chin is thrown forward by overaction; while in the vacillating the jaw hanging causes the chin to recede. Hence it is, that a prominent lower jaw becomes indicative of strong will.

It is the physician's duty here, as in other scientific branches, proving all things, to hold fast what is true, to discard popular fancies and endeavor for his own good and that of his patients to correctly interpret both permanent character and transitory expression.

IMPORTANT TO THE PROFESSION.

The Board of Examiners of the Medical Society of the State of California are now preparing for the publication of the Sixth Edition of the Official Register. As the usefulness of this work depends upon its correctness, every physician in the State is requested to send his address, as well as that of any practitioner that has recently located in his vicinity, to Dr. Chas. C. Wadsworth, Secretary, 526 Sutter street, San Francisco, Cal.

CORRESPONDENCE.

MEDICAL NOTES FROM FOREIGN LANDS.

DEAR EDITOR:—My letter today to the PRACTITIONER will not contain any report of the society meetings of some great medical center, nor any abstract of an interesting clinical lecture, for the very simple reason that for the last three months I have been a roving disciple of *Æsculapius*, visiting about thirty different cities of France, Italy, Greece, Turkey, Roumania and Hungary, in this short space of time. I can, therefore, offer only some isolated items, and note a few impressions which, I trust, may be of some interest to the many readers of the PRACTITIONER.

We left Paris the 19th of March, and our first stop was at Lyons. While I was there the rather unusual spectacle of a strike of medical students took place. The Professor of Physiology was virtually boycotted, and was the object of some very hostile demonstrations. Unjust severity in examinations was ascribed as the cause of all the trouble. The Lyons hospital which I visited offered only special interest by its vastness, its rich endowments, and the fact that all the nursing is done by the Sisters of Charity.

At Nice the great health and pleasure resort of France, and at neighboring Monte Carlo, I made rather psychological than therapeutic or climatological studies, by observing the people in the far-famed gambling houses. There was the old experienced cool-headed gambler, there the novice full of excitement, the happy winner on whom fortune had smiled for a time, and the haggard face of a loser whose all had gone because a little ball stopped rolling at a certain place. On leaving these luxurious halls crowded with the representatives of every nation, of both sexes, and of all classes, each more or less in a permanent state of nervous agitation, and stepping out into the beautiful surrounding gardens, looking at the blue Mediterranean and inhaling the balmy breeze, I came to the conclusion that the atmosphere in those palaces, those gilded temples of fortune, was truly unhealthy physically as well as psychically.

For Italy, thanks to the kindness of my friend Dr. Anthony Valla, I was provided with several letters of recommendation to eminent medical men. I was thus received most cordially in Turin by Dr. Carbonelli, Adjunct-professor of Obstetrics, who introduced me to the venerable Professor Tibone, Director of the Maternity hospital. This hospital though rather old is well equipped and asepsis is strictly adhered to. In the same city I visited the "Ospedale Mauriziano," a new and beautifully constructed edifice, where I had the honor of an introduction to the eminent Professor

Carle. He is a fine operator, an enthusiast of the German school in general, and an imitator of Martin of Berlin.

At Genoa I devoted some time to inspecting the famous "Ospedale Galliera" said to be the most costly hospital in the world, and endowed with several million francs by an Italian family of nobles. The whole interior of the vast structure is of white marble, and the building resembles a palace more than a hospital. There too the operating room for laparotomies was fitted up after the method of Dr. Martin, and all the furniture and instruments imported from Berlin.

In Milan I made repeated visits to the Rachitic Hospital for Children. The very amiable Director, Dr. Panzeri, gave me all possible facilities for observation and study. This institution though small is a real model hospital, free for the poor and with reasonable charges for the well-to-do. Marble, so plenty in Italy, is used everywhere. Sleeping rooms, play rooms, operating rooms, gymnasium, school, bath room and closets are scrupulously clean, well provided with air and light, and a beautiful garden surrounds the various buildings.

The treatment of the poor, deformed, rachitic children is, of course, largely hygienic and orthopædic, with comparatively little internal medication. An excellent apparatus for lung gymnastics plays an important factor in the treatment of cases where chest capacity is lacking.

What pleased me most in this institution was the enthusiasm of the young assistant physicians. They supervise all the gymnastic exercises in person, they apply massage themselves, and leave nothing to the nurses except nursing. In consequence the little patients become very much attached to their "Dottore," and the hours spent in the society of these young Italian physicians, surrounded by deformed yet happy little children, I shall always recall with much pleasure.

I visited, of course, the ancient and celebrated universities of Padua and Pavia for the sake of their historical interest, but saw little of importance to note.

In Venice, at the large "Ospedale Civico," I witnessed several operations; among others the removal of a carcinoma of the upper maxillary. The operator was skillful I must confess, but I thought him to be of the old school when I saw his third assistant (the steward) holding the parts apart with his finger nails in deep mourning. In another ward I saw a case of carcinoma of the sternum treated by injections of aniline, apparently improving under the treatment.

In Florence I only saw the great Foundling Asylum where

hundreds of waifs are taken annually and cared for by public charity.

During my presence in Rome the "International Congress of the Red Cross" held its session, of which reports have doubtlessly reached you before this. The great medical attraction of Rome is an excellent polyclinic.

At Naples I made some hygienic observations and came to wonder that the mortality was not ten times greater there than it really is; for in a very large part of the city, the unsanitary condition of streets, houses and people is indescribable. A blessing indeed that the city is near the sea. But I must finish with Italy.

The next place of medical interest, I visited was Athens. The university there, founded in 1837, with its four faculties, is largely organized after the German system. In the City Hospital I found all the clinical wards excessively crowded with consumptives, typhoid and malarial fever patients, some of the poor people lying on the floor in the rooms and halls. The surgical wards did not present anything very interesting except one case of elephantiasis. The patient was a young man of twenty-five, already blinded by the progress of the disease, with eyes protruding as in ex-ophthalmic goitre. upper and lower extremities much enlarged and covered with wounds which the poor unfortunate man received in his attempt to move about without assistance. The house surgeon, who accompanied me through the hospital, told me that cases of elephantiasis were not at all infrequent in Greece, especially on some of the islands, and that all attempts to cure or exterminate the disease have thus far proved a failure.

In the afternoon of the same day, while strolling at the foot of the Acropolis, after having visited the ruins of ancient Athens, the Temple of Jupiter, the Pnyx, the Parthenon, and thinking of Socrates, Sophocles and others, my medical interest was suddenly aroused anew by the voice of our guide who, on pointing out a long ruined wall, told us that there had been the hospital of *Æsculapius*. The sight chosen for this first hospital was certainly a most beautiful and healthful one. And when, a few hours later, in the museum, I stood before the supposed authentic statue of *Æsculapius* and studied his placid countenance, I felt quite proud to be one of his humble followers.

At last on May 20 we arrived at Constantinople, this beautiful Oriental city. It is difficult for a foreigner to penetrate Turkish institutions for the sake of study or observation: but owing to the kindness of a Turkish military surgeon with whom I had been well acquainted in Paris, and who is now attached to the Imperial Medical School of Constantinople, I was at least enabled to get

some insight there. While the administrative and college buildings were fairly well constructed, the former almost elegant, the hospital certainly did not deserve the name of a house. It presented rather the appearance of a series of wooden shanties in a most dilapidated condition. The belief in fatalism, so prevalent in the Orient, makes its self felt even in the military medical service and education. Of course there is a new element composed of the younger men who have had a European education and who work hard for the emancipation from old prejudices. The Mohammedan law forbids, for example, the Mussulman to dissect a female body, and yet I was informed they do it all the same. A good many of the military surgeons are sent to France and Germany to complete their education. The time of study in the military medical school is six years, but advancement thereafter depends largely on protection and favoritism, and real merit receives recognition but rarely.

I was rather surprised when I was told that all anatomical expressions in Turkish medical science were not, as with us, in Latin or Greek, but in Arabic. The sanitary conditions of Constantinople are not bad; and I am convinced that the custom of washing thoroughly face, hands and feet before the prayers, which the devout Mussulman performs five times a day, has a most salutary influence on the bodies of the followers of Mohammed.

Near Scutary, on the Asiatic side of the Bosphorus, there is a colony of lepers, which, however, I was not privileged to visit. All I could learn was that there were several hundred people confined there, and as soon as a case of leprosy is discovered in any part of the vast Ottoman Empire, he is immediately transported to Scutary. These people are allowed to intermarry, but neither themselves nor their offspring are ever permitted to leave the colony. My Turkish friend, however, assured me that the Imperial government takes especial pains to provide for the comfort of these unfortunate people. Before finishing with Turkey I must mention a most interesting medico-psychical experience. At Scutary we went to the service, or, let me rather say to the religious performance of the "howling Dervishes." Under the leadership of their venerable high priest they repeated for an hour or two, in a peculiar howling voice, two or three certain words from the Koran, and performed at the same time a rhythmical motion, waving their bodies to and fro. By and by they increased the rapidity of their movements and worked themselves into such a state of exaltation that I can well perceive how they believed themselves to be in contact with the supernatural. Professor Charcot, the great sage of the Salpetriere, would probably call

this auto-suggestion or auto-hypnotization. But how contagious, or to use a term employed by students of hypnotic phenomena, how very suggestive these movements of the Dervishes were to the European audience, astonished me not a little, and reminded me of the danger of having susceptible children associate with choreic or epileptic patients. I saw several spectators after a few moments attentive watching, moving their heads in time to the motion of the Dervishes. With a young French lady the contagiousness of the rhythmic movements produced such a noticeable effect that she had to be led away by her friends.

At the end of the ceremony after the excitement had been subdued by the quiet prayer of the Elder to "Allah and Mohammed his only prophet," an other interesting occurrence took place. Men and children lay down on the floor in a row while the high priest walked on each, passing his right foot over the whole body. This is supposed to cure or prevent disease.

So here too exists only in another form what is known in the United States as the "laying on of hands," a sort of faith-cure method.

From Turkey we went to Roumania, of which we only saw the capital, Bucharest, "*le petit Paris d'Orient*" as it is called. Here French influence predominates. The medical faculty is largely composed of Parisian graduates, and though the language in the lecture room is Roumanian, they employ French text-books, and professors and students converse a great deal in that language.

A delightful voyage on the Danube brought us finally to Hungary. On our way to Budapest we stopped a few weeks in Hercules Baths and lingered in this lovely spot, in order to test the curative influence of the renowned sulphurous springs for a traumatic arthritis of my right knee, the result of a little accident I met with some time ago. These numerous springs with a temperature varying from 35° to 50° (Cent.) were known to the Romans as early as the first century under the name of "*Thermae Herculis*." A cure in Hercules Baths seems to be well indicated in most all cases of arthritis, traumatic, rheumatic or specific, gout, general rheumatism, in various skin diseases, etc., etc.

Of Budapest, the capital of Hungary and the pride of all Hungarians, its large university with 197 professors and as many assistants, of which seventeen of the professors and forty-six privat-docents belong to the medical department, and its splendid hospitals and clinics, I will tell you in my next letter, fearing that I have already trespassed on the space allotted to your foreign correspondents. Yours very respectfully,

Dr. S. A. KNOFF.

P.S. The frequent occurrence of the name Knopf in Europe,

especially in Austria and Germany, causes me to add to my signature the letter A. (Adolph, the name of my father) to avoid unpleasant confusion.

Budapest, June 24, 1892.

NEW LICENTIATES.

At a meeting of the Board of Examiners held July 8, the following were granted certificates to practice in this State:

Adams, Wilson W.	Los Angeles	Rush Med. Coll., Ill., Feb. 20, 1883
Allen, Marcus DeL.	Delano	Med. Dept. Univ. of Louisville, Ky., March 1, 1877
Angell, Wm. C.	San Francisco	Bellevue Hosp. Med. Coll., N. Y., March 1, 1868
Brink, Henry J.	Wheatland	Med. Dept. Univ. City of N. Y., March 13, 1883
Collischonn, Philip	San Francisco	Med. Dept. Univ. of Cal., Nov. 10, 1891
Dunton, Alfred A. Jr.	San Jose	Med. Dept. Univ. of Mich., June 30, 1881
Fowler, George W.	Santa Clara	Med. Dept. Univ. of Pa., May 6, 1892
Frazier, John Edwin	Randolph, Ia.	Louisville Med. Coll., Ky., Feb. 26, 1885
Howeth, V. A.	Pomona	Jefferson Med. Coll., Pa., March 12, 1873
Hurst, Denison A.	Pomona	Starling Med. Coll., Columbus, O., Feb. 17, 1854
		Jefferson Med. Coll., Pa., March 12, 1878
Jones, Lemuel Frank	San Diego	Med. Dept. Univ. of Pa., March 14, 1871
Knowlton, Jos. John	Fresno	Marion Sims Med. Coll., Mo., April 25, 1892
Nichols, Wm. VanD.	Oceanside	Med. Dept. Univ. of Pa., May 1, 1885
Osborne, Jas.	Bakersfield	Univ. of Glasgow, Scotland, April 30, '69, Aug. 1, '72
Pitts, Augustus D.	Mendocino City	Long Island Coll. Hosp., March 23, 1892
Stoddard, James	San Francisco	Royal Coll. Phys. and Surg., Ed and Fac. Phys. and Surg., Glasgow, Scotland, Jan. 23, 1888
Strader, Harvey W.	Sacramento	Coll. Phys. and Surg., Md., March 13, 1885
Von Wirthern, Jos.	San Francisco	Med. Dept. Tulane Univ., La. April 6, 1892
Williams, Jas. Albert	Berkeley	Coll. Phys. and Surg., Cincinnati, O., June 19, 1876
		Bellevue Hosp. Med. Coll., N. Y., March 1 1878
		CHAS. C. WADSWORTH, Secretary.

THE NEW URIC ACID SOLVENT.

Besides knowing that Piperazine is a powerful uric acid solvent, which will combine with at least twelve times more uric acid than will lithium and forming a soluble urate salt while the urate of lithium is practically insoluble, and that Piperazine is therefore primarily indicated in all diseases due to uric acid diathesis, it is valuable alike to the physician who prescribes and to the pharmacist who dispenses, to note and remember the following:

1. Piperazine occurs in crystalline form, but it is a hygroscopic body and will deliquesce on exposure to the air; hence
2. Piperazine must never be dispensed in powder form, pills, tablets, capsules, or any other similar form.
3. Piperazine is supplied by the manufacturer in one size vial only, containing five grammes (75 grains), or sufficient for five days' dosage; therefore it is practical, economical and preferable that

4. Piperazine should be prescribed thus:

R. Piperazine, pur. (Schering).....gm. v
Solve in
Aqueæ 3 v

Sig. Dissolve one-fifth of this solution each day in one pint or one quart of water, keep the solution in a warm place (neither hot nor cold), and drink the full quantity during the day in convenient doses to quench thirst.

If it is desired to combine Phenocoll with Piperazine, the two remedies must be dissolved separately, fifteen grains of each in one-half to one pint of water, and when completely dissolved the two solutions may be poured together: If otherwise prepared it is likely that a spongy sediment will form which cannot subsequently be dissolved (except by heat which is not advisable). In making these solutions pure water can be used, or carbonated water; some pharmacists prefer to employ pure water and soda water from the fountain in equal parts, first making the solutions with pure water to one-half the volume and then adding the soda water.

The points above advanced are important as assuring proper and economical administration and the best chances for satisfactory therapeutic effect.

BOOK REVIEWS.

SURGICAL HANDICRAFT. A manual of surgical manipulation, minor surgery and other matters connected with the work of house-surgeons and surgeons and surgical dressers. By WALTER PYE, London, Eng. Revised and edited by T. H. R. Crowle, F. R. C. S. Surgical Registrar to St. Mary's hospital; and Surgical Tutor and Joint Lecturer on Practical Surgery in the Medical School. New York: E. B. Treat. Pp. xx. 594, 235 illustrations. Price, \$4.00.

The title of this work is descriptive of its contents; although now and then the line between the field of the dresser and that of the surgeon is crossed.

The book is agreeably disappointing in that the fulfilment is richer than its promise. But we must again enter complaint that an American publisher should issue a foreign work without having passed it through the hands of an American editor. The "Handicraft" is not English only, but in many respects it is essentially provincial.

For facts and descriptions of importance, the author repeatedly refers to papers found in British medical journals, dating as far back as 1880. On one page he speaks of "the well-known case of Mr. Brunel." As a matter of course our self-esteem or self respect would deter us from an admission of ignorance either of Mr. B. or his case. An American editor would doubtless have taken pity on us in a foot-note.

This edition is not likely to find its way into American hospitals, but it will doubtless be in demand by recent graduates in search of practical information to aid them in possible emergencies. As yet we have no American work so complete in its details or so

satisfactory in its engravings as is this. The book is divided into ten sections, discussing: 1, the arrest of hemorrhage; 2, apparatus for restraint and support; 3, fractures; 4, wounds, ulcers, bruises, etc.; 5, cases requiring prolonged or mechanical treatment; 6, emergencies, surgical and general; 7, anesthetics; 8, extraction of teeth, and the management of aural cases; 9, minor surgery and kindred subjects; 10, the preparation of patients for operation, and their after-treatment: surgical case-taking and an appendix of formularies. The table of contents and the index are well arranged, whether for study or for reference. Hemorrhage from small vessels it is stated, "may be controlled by a stream of cold water." But it may be more promptly and more permanently controlled by hot water. He advises the retention of the E-march bandage until the completion of a dressing. It is undoubtedly better to loosen it gradually, and allow the blood to return slowly, that the parts may adjust themselves to their new conditions, and after the subsidence of oozing to complete the dressing. Singularly enough a solution of carbolic acid from 1-15 to 1-25 is recommended as a styptic; whereas Gerster states, and our experience is confirmatory, that "irrigating an amputation wound with carbolic lotions will each time provoke very profuse oozing. Vessels that had stopped bleeding by the formation of a clot within their cut orifices, begin to bleed anew after carbolic irrigation. This is caused by the peculiar macerating effect of the carbolic acid upon the fresh blood clot. Its toughness and cohesion are lost, and the slightest touch will suffice to detach it, thus renewing the hemorrhage." A further fact of importance, is that carbolic lotions, even in great dilutions, are dangerous to young children, and should never be used on them. For the control of hemoptysis and similar bleedings he recommends among other measures the internal use of acetate of lead and opium, but fails to caution against the possibility of a resultant inertia of the bladder, with the necessity for catheterization.

He wisely emphasizes the relationship between rupture and phymosis in infants, and avers that the acquired deformity will frequently undergo spontaneous cure after the removal of the congenital. Every operator of experience must confirm this statement, although *smart Alects* are to be found, who without experience, ridicule the assertion.

In the chapter on splints fashioned out of plastic materials, the author gives preference to leather. By reason of ease of application, lightness, cheapness and aseptic qualities, manilla paper is in every way to be preferred. We are pleased to note a reference to the extreme ease with which effusion beneath the scalp may be

mistaken for a fracture of the skull. Nancrede in the *International Encyclopedia of Surgery*, and Mansell-Moullin in his late work dwell briefly on this very important fact which is usually overlooked. As a means of differentiation he asserts that "Firm pressure in the *middle* and not at the sides [margins] of the tumor, will enable the finger to feel the bone undisturbed below."

Nancrede gives the same directions. We have seen at least one case attended with symptoms of cerebral pressure, where the margins were as distinctly defined as bone could possibly be, when to make any pressure, even the least, on the apparently greatly depressed fragment would seem criminal. In such a case Nancrede recommends the attempted indentation of the margin with the finger nail, stating broadly, that if it be bone no indentation can be made. While that may be so immediately after the receipt of the injury, the effusion that follows will in half an hour render indentation of the scalp margins as possible in the one case as in the other. A better way, indeed the only infallible way, is to penetrate the margin of the apparent depression, by means of a needle—a hypodermatic will answer—held over and parallel to the depressed surface. Should the edge be bony the needle will meet with prompt arrest; otherwise it will not. In speaking of the jacket treatment in spinal disease, he mentions an advantage incident to the plaster cast, that "any number of jackets may be moulded without further trouble to the patient." This, however, can not be so, either in growing children or in improving cases of adults. It is far better to take a new cast for each jacket.

The statement is made that dangerous syncope attending the administration of chloroform may be produced by shock from the operation, and that "this shock is very marked when in the operation for strabismus the internal rectus is divided, the pulse often intermitting and remaining feeble for some minutes." The former statement may serve a good turn occasionally in explanation of an unexpected death under chloroform, but we seriously doubt the asserted relationship. As to the statement concerning internal strabotomy, the conditions named must surely be very rare and not at all related. As a curiosity it may be worthy of notice by any who can not control their patients with cocaine.

In the treatment of specific urethritis the author states that "the injection is generally done by the patient himself with a glass syringe holding two or three ounces; a single syringeful being thrown up, retained for a couple of minutes and then ejected." The fact that this book has passed to a third edition under an English editor leads to the belief that there must be a rare immensity about the Albion urethra.

The publishers have shown a lack of appreciation of *The Surgical Handicraft* in having put it up in a very inferior manner. A book designed for use as much as this evidently is, should not come to pieces so easily.

TREATISE ON GYNECOLOGY, MEDICAL AND SURGICAL.

By S. Pozzi, M.D., Professor Agrégé à la Faculté de Médecine; Chirurgien de l'Hôpital Lourcine-Pascal, Paris; Honorary Fellow of the American Gynecological Society. Translated from the French Edition under the supervision of and with additions by Brooks H. Wells, M.D. Vol. two, with 174 wood engravings and 9 full page plates in color. New York: William Wood & Company. 1892.

A careful examination of the concluding volume of Pozzi's work confirms the impression produced by the first volume. The work furnishes a vast fund of information, neither thoroughly digested nor clearly presented. Greig's Smith's well-known book on Abdominal Surgery may perhaps be taken as a type of what a medical work should be; to my mind, Pozzi is an example of what it should *not* be.

These volumes are well printed and illustrated, but they are large and unwieldy.

[We hardly think the reviewer has done justice to this work. From an editorial standpoint, no specialist in this line can afford to be without the books, and if a gynecologist can only afford one work, this should be the one. Ed.]

OUTLINES OF ZOOLOGY. By J. ARTHUR THOMSON, M.A., F.R.S.E.

Lecturer on Zoology in the School of Medicine, Edinburgh; Joint-Author of the "Evolution of Sex"; Author of "The Study of Animal Life." With thirty-two full page illustrations. New York: D. Appleton & Co. 1892. Price, \$3.00.

The lot of the physician is a happy one if he is a lover of science, and he is a votary of science if he is a true physician. The energetic doctor knows more than pills and powders and splints; botany, zoology and physiology are his recreation. This work has interspersed many highly interesting chapters, and what is usually dry reading is made by the author highly entertaining.

The author believes in evolution and in the early advent of man to this earth. But because he attempts to explain things in their correct terms there is no reason to call his analysis "materialistic," a shibboleth of the theology which would were it possible check the onward march of truth. There are many theories of evolution and the author endeavors to harmonize the thoughts of various writers into a consistent whole.

The fundamental problem of evolution is this: what will account for the origin of the variations, how do the changes arise; and secondly, as a result of these variations from the parent how can a new well-adapted and progressive species be produced? Environment in its widest sense must be the prime cause. Extreme influences cause the variations directly and these variations *may* be transmitted and accumulate as permanent modification of species; again organismal, constitutional, congenital or germinal variations may happen and by a persistence of these original con-

ditions these changed individuals may grow into a new species; and by natural selection these modified beings may be best calculated to endure the struggle for existence, and hence give rise to a new species. Again, use and disuse, or change of function may produce functional variations and may be transmitted and accumulate as functional modifications of species.

All these cases are affected by the law of isolation which prevents the intercrossing of different species by reproductive variations, mutual sterility or geographical separation. Time, vast time, then, according to Thomson, will account for differences of living matter, from the naked almost structureless absorbing protozoa to the grand composite which can write a *Paradise Lost*. Mr. Thomson, however, does not even imply a denial of the first great cause, the Creator of matter and the author of life, and says indeed there may be an environmental influence of which our senses are unaware. He closes with the axiom of evolution: "There is nothing in the end which was not also in the beginning"—a scientific paraphrase of the first three verses of *St. John*.

Every one who wishes to be abreast with modern thought must have some such a work as this. And for conciseness readableness accuracy and practical worth this book is the most valuable for the man of general culture that the reviewer has ever seen.

A MANUAL OF AUTOPSIES. Designed for the use of Hospitals for the Insane and other Public Institutions. By I. W. BLACKBURN, M.D., Pathologist to the Government Hospital for the Insane, Washington, D.C. Illustrated. Philadelphia: P. Blakiston & Co., 1012 Walnut street. 1892.

This little book is one which exactly fills the bill. It is designed to further a uniform system of reporting autopsies, and is published under the authority of the Association of Superintendents of American Institutions for the Insane.

As one might suppose, it deals chiefly with the nervous system. It also gives recipes and directions for hardening agents. It gives the planes in which the brain can be most advantageously divided, shows where lesions are the most likely to occur, and how their presence can most readily be detected.

There are many things in it which prove its excellence: among other facts, it states that of the various cavities the cranium should be first examined, in order that the condition of the circulation can then be observed before the loss of blood which must inevitably occur if the thoracic viscera are first removed; this is a very important mode of procedure. Another little practical point is mentioned in a foot-note. It is often (indeed generally) desirable to nicely adjust the calvarium after a post-mortem; this can be readily secured in place by the use of double-headed carpet

tacks. Any one who has tried the old-fashioned way of wiring will appreciate the easy manner herein described.

This manual is so small that it can be readily carried in the pocket, yet it covers the essential points. Unless one is a born anatomist he will, when called upon to perform a post-mortem, be at a loss how to proceed. This book will tell you what to do, in the fewest words possible.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. For the use of Students and Practitioners. By R. C. M. PAGE, M.D., author of *A Chart of Physical Signs of Diseases of the Chest*; *A Handbook of Physical Diagnosis of Diseases of the Organs of Respiration and Heart*; Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; etc., etc. New York: Wm. Wood & Co. 1892. Price, \$4.00.

The chief merit of this book is that it is handy, and gives in compact form that which would require much longer time to read in the larger volumes. It deals but slightly with pathology, but goes more into details than is customary in treatment. Under this head the author frequently gives prescriptions in full. Right here he makes at times quite an unpardonable error for an instructor, mixing up Latin and English in writing prescriptions. While professedly containing less matter than some of the well known systems, it yet contains about as much as the student or busy practitioner has time to investigate.

Nowhere in the study of medicine must the knowledge of anatomy, physiology and pathology be so thoroughly mastered as in the diseases of the nervous system. The practitioner who is well grounded in the fundamental truths here, can rely on his judgment as to diagnosis and treatment; but to attempt to conquer each malady *seriatim*, without being fully armed, is almost a hopeless task.

The reviewer can find no fault, however, with what the author does undertake. He has the faculty of presenting the chief essentials in a few words.

His summary of cerebral localization of lesions is very brief, but easy to remember:

1. Hemiplegia — motor tract involved.
2. Hemiplegia with convulsions — cortical lesion.
3. Hemiplegia with crossed facial paralysis — pontine lesion.
4. Hemiplegia with crossed paralysis of oculo-motor nerve — crural.
5. Hemianæsthesia in posterior portions of internal capsule.
6. Hemipopia — in occipital lobe, optic thalamus, anterior corpora quadrigemina or posterior extremity of internal capsule.
7. Post-hemorrhagic chorea — posterior part of optic thalamus or internal capsule.

8. Aphasia—Broca's convolution.
9. Inarticulation and dysphagia—medulla.
10. Vertigo and unsteady gait—the cerebellum.

While the physician must know that the above are merely some of the chief guide-boards pointing where the lesion may be found, still if he has a sufficient familiarity with anatomy to follow out the byways and branch roads he can hardly find facts which can better serve him than the above.

In speaking of neurasthenia, he states that the disease is quite amenable to treatment. This does not, however, agree with the reviewer's experience. For general crankiness and unsatisfactory response to all treatment, the neurasthenic is sometimes unsurpassable.

In the departments relative to diseases of the heart and respiration the book is especially strong, showing the author's long and practical acquaintance with the subject. On p. 68, he describes the symptoms of "tracheal tugging," an important symptom in aneurisms of the arch; this and many other little points stamp this part of the book as the work of a man fully at home with his subject.

A TEXT-BOOK OF NURSING. For the use of Training Schools, Families and Private Students. Compiled by CLARA S. WEEKS SHAW. Second edition, revised and enlarged, with illustrations. New York: D. Appleton and Company. 1892. Price, \$1.75.

It is perhaps more difficult to write a thoroughly good book on nursing than on most any other branch connected with medicine. As straws show which way the wind blows, so we often must look to little things to determine the practical value of a book. In no one thing can one form a more accurate judge of the training of a nurse, than by noticing the way in which she passes the catheter, and the care she takes of it. The directions given here are quite full and accurate. The reviewer, however, disagrees with the statement that the catheter can in most cases be passed entirely by the sense of touch, under the bed-clothes; for the instrument is almost sure to be touched by the bed-clothes, and thus carry into the bladder germs which may set up a cystitis, even if the catheterization be skilfully and carefully performed. However, the minutæ of this procedure is so carefully pointed out as to meet our approbation. The author insists on boiling the catheter before use, but makes a grievous error in that it be kept in basin containing mercuric chloride 1:3000—a method which if exactly carried out, would we fear in many cases cause a troublesome urethritis, if not cystitis.

The book contains nearly four hundred pages, and is replete

with information. It gives the lists of all common drugs, their dosage, poisonous effects and antidotes. It also deals quite extensively with the art of obstetrics. It contains a large array of practical points; but if we were to make a general criticism we would say it has too much to say about medicine.

THE POCKET PHARMACY WITH THERAPEUTIC INDEX. A resume of the clinical applications of remedies adapted to the pocket-case, for the treatment of emergencies and acute diseases. By JOHN AULDE, M.D.; Member of the American Medical Association, of the Medical Society of the State of Pennsylvania, of the Philadelphia County Medical Society, etc. New York: D. Appleton & Company. 1892.

This work is as the author admits, merely fragmentary and deals with two dozen remedies, which in his opinion are the best. The form are pills and tablet triturates. The selection is fairly good but the dosage in many cases too small. However, the doctor advocates frequent doses so that he finally affects his end by minute and continuous attack. The reviewer would leave out bryonia and rhus toxicodendron and put in some such drugs as ergot and a bromide. There can be no doubt, however, but what the doctor's method is the way to give some drugs, especially to children. No one who has been through the ordeal of old fashioned blue mass and the dainty triturate of our day would hesitate for a moment as to which method should be practiced on himself. Agreeable medication is here and it has come to stay.

But this book is altogether too limited to be safely intrusted to a beginner, as the doctor advocates in his preface. It would if followed closely make the young doctor too narrow.

DISEASES OF THE EYE. A hand-book of ophthalmic practice, for students and practitioners. By G. E. DE SCHWEINITZ, M.D., Professor of Diseases of the Eye, in the Philadelphia Polyclinic; Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania; Ophthalmic Surgeon to the Philadelphia Hospital, and to the Children's Hospital; Ophthalmologist to the Orthopaedic Hospital and Infirmary for Nervous Diseases. With two hundred and sixteen illustrations and two chromolithographic plates. Philadelphia: W. B. Saunders, 913 Walnut street, 1892. Price, cloth, \$4.00; sheep, \$5.00.

Ophthalmology has made great strides during the past quarter of a century both in this country and in Europe. but it has been to the Old Country that we have looked chiefly for our text-books, journals and reference books on the subject. During the past few years, however, American writers have come more prominently to the front. Two years ago, "Noyes' Diseases of the Eye" (the most comprehensive work on the subject, up to date) came from the press, and now this hand-book of ophthalmic practice, which is more particularly applied to the needs of beginners. It is essentially practical, as the symptoms, diagnosis and treatment have received the most attention. One hundred and eighty-seven of the six hundred and forty pages are devoted to instructing the

beginner how to examine the eye, and keep a record of the same; and to normal and abnormal refraction; in fact, refraction receives more attention than is usually given to the subject in text-books on diseases of the eye.

Dr. James Wallace wrote the sections devoted to optical principles and refraction, excepting the section on Retinoscopy, which was contributed by Dr. Edward Jackson.

The book has many points of excellence which make it the most desirable book for the student of medicine which the reviewer has seen.

The diseases are classified in a simple manner, well prepared tables of differential diagnosis are given; the indications for treatment as well as the specific or detailed methods of treatment are given; explicit directions for preparing a patient, the hands, the operator, the dressings, and the stops in operations are faithfully portrayed. The illustrations are good. Every oculist should have this book on his shelves, and for beginners we know of no work we can so well recommend.

A PRIMER OF MATERIA MEDICA FOR PRACTITIONERS OF HOMOEOPATHY. By Dr. TIMOTHY FIELD ALLEN. Philadelphia: Boericke & Tafel. 1892.

A fine book for recreation. The tired practitioner on reaching his home at night can be refreshed by reading it. It will certainly help him as much as any other humorous book. The author says that *ustilago* is good for tenderness of the *left* ovary. Now if he would only inform the anxious public what is good for the right ovary he would do a great favor.

The author gives no doses, no directions as to use, very small amount of clinical indications, but has considerable to say as to what effect the drug has on eyes, nose, ears, skin, mouth, throat, chest, neck, back, sleep, pains at 9 a.m., chills after 7 p.m., restlessness at 2 a.m., wakefulness at 3 a.m., but never says a word how a fellow can lengthen his morning nap till 9.25 a.m. and still have hot coffee and rolls for breakfast.

FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Transmitted to the Governor December 2, 1889. Harrisburg: State Printer. 1891.

SIXTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Transmitted to the Governor December 1, 1890. Harrisburg: State Printer. 1892.

These volumes each contain about 750 pages and are the State Board of Health reports for 1889 and 1890. They are replete with scientific reports and statistics which are exceedingly creditable to the Pennsylvania State Board of Health.

OBSTETRIC PROBLEMS: Being an inquiry into the nature of the forces determining head presentation, internal rotation, and also the development of the amnion. By D. T. SMITH, M.D., Lecturer on Medical Jurisprudence in the University of Louisville, etc., etc. With illustrations. Louisville, Ky. Printed by John P. Morton & Co. 1892. Price, paper, 25 cents; muslin, 50 cents.

This is a pamphlet of fifty pages, theoretical in its nature, but having a practical bearing. It is frequently a relief to a practical physician to get away from bare facts, to revel in theories, and it would be difficult to find a more practical subject to theorize about than the one this book deals with. It is cheap; buy it and read it.

BACTERIOLOGICAL DIAGNOSIS: Tabular aids for use in practical work. By JAMES EISENBERG, Ph.D., M.D., Vienna. Translated and augmented with the permission of the author, from the second German edition, by Norval H. Pierce, M.D., Surgeon to the Out-Door Department of Michael Reese Hospital; Assistant to Surgical Clinic, College of Physicians and Surgeons, Chicago, Illinois. Philadelphia and London: The F. A. Davis Co., Publishers. 1892. Price, \$1.50, net.

This work has been known to and used by the greater number of bacteriological workers during the past six or seven years, but to many the work was used to a disadvantage, being printed only in the German language.

Now that the second German edition is translated into English, it should be in the library of every worker with the microscope.

The classification is simple:

- I. Non-Pathogenic Bacteria $\left\{ \begin{array}{l} a \text{ Liquefying Gelatin.} \\ b \text{ Not Liquefying Gelatin.} \end{array} \right.$
- II. Pathogenic Bacteria $\left\{ \begin{array}{l} a \text{ Cultivated outside the animal body.} \\ b \text{ Not cultivated outside the animal body.} \end{array} \right.$
- III. Fungi.

An appendix is added, giving the Bacteriological Technique used in the cultivation and staining of bacteria. Truly a very valuable book.

We welcome Dr. Remondino's journal, *THE NATIONAL POPULAR REVIEW*, to our exchange lists. We are pleased to note so much of the magazine is the work of the Doctor's ready pen. There are but few men who have the faculty of discussing the dry subjects of hygiene in so happy a vein as the Doctor. It will be a book both for the profession and laity, but more especially the latter, and sets before itself the task of educating the public how to take care of itself. We wish the Doctor the success which his excellent magazine deserves.

THE July, 1892, number of *The Alienist and Neurologist* contains: *The Insanity Following Exhaustion, Acute Diseases, Injuries, etc.*, by John Ferguson; M.A., M.D., Toronto, Canada; *Medical Manhood and Methods of Professional Success*, by C. H.

Hughes, M.D., St. Louis, Mo.; Luciani on the Cerebellum — New Studies in Normal and Pathological Physiology, by Guiseppe Seppilli, M.D., Italy; Mental Derangement in Multiple Neuritis, by Edward D. Fisher, M.D., New York; A Case of Tumor of the Pineal Gland, by Philip Zenner, A.M., M.D., Cincinnati, O.; The Law of the Periodicity in Inebriety, by T. D. Crothers, M.D., Hartford, Conn.; Insomnia in an Infant, with Reflections on Pathological Sleeplessness, by C. H. Hughes, M.D., St. Louis, Mo.; Retro-Antero-Grade Amnesia, with Report of Two Cases, by J. T. Eskridge, M.D., Denver, Colo.; Note on the Hysterical Concomitants of Organic Nervous Disease, by C. H. Hughes, M.D., St. Louis, Mo.; In Memoriam, by Dr. Pliny Earle; besides the usual selections, editorials, hospital notes, reviews, etc. Subscription, \$5.00 per annum; single copies, \$1.50.

C. H. HUGHES, M.D., Editor,
500 N. Jefferson Ave., St. Louis.

THE August Californian contains a number of timely and interesting papers calculated to present Western North America, and the Pacific Slope in particular, in a most favorable light to the world. A suggestive article is by Auguste Wey, on a possible California Loan Exhibit at the World's Fair. It is beautifully illustrated from photos made by the Pasadena Art Loan Association. Among the pictures we note Don Antonio Coronel and his wife Donna Maria, who entertained H. H., in Los Angeles. A good summer paper is by Mr. Fennel, in the Yellowstone Park, the many illustrations adding much to the attractiveness of the paper. The full-page illustrations are from paintings made especially for The Californian, and the presentation of this wonderland is one of the best and most striking ever made.

San Francisco is presented in an able article by Richard H. McDonald, Jr., vice-president of the Pacific Bank of San Francisco. Mr. McDonald has made a careful study of the subject, and makes a striking showing for the great city of the West Coast. An article on Men of the Day describes Prof. T. S. C. Lowe, a distinguished California scientist and inventor, who is now building an electric railway up the Sierra Madre Mountains. A typical health and fashionable resort of Southern California—Pasadena—is described in a paper by Charles Frederick Holder, editor of The Californian, who accords to it a position far ahead of the famed European resorts. What the Baptists have done in California is well described in a fully illustrated paper by the Rev. Frank Dixon, of Oakland, a paper that is valuable as showing the march of progress of the denominations.

Dr. W. F. Channing, son of Ellery Channing, tells his experi-

ence with two Presidents. This, with editorials on the political situation, makes an issue that brings *The Californian* fully abreast with the great magazines of the East

Published in San Francisco; 25 cents a piece; \$3 per year.

LICENSING ENGINEERS.—The question of licensing engineers is being so agitated in every state in the Union that within a short time, for the protection of human lives, it will be impossible for any one intrusted with steam to hold or secure a situation without passing a rigid examination and obtaining a license. Stephenson's *Illustrated Practical Test* has been published to aid engineers preparing to pass such examination; and as it embraces all the questions asked on the Boiler, Pump, Engine, Dynamo, Corliss Engine, etc., it has already met with such a demand that it is now in its fourth edition. This work, which only costs one dollar, can be obtained of the publisher, Walter G. Kraft, 70 La Salle Street, Chicago.

FOR THE MOUNTAINS, AND BY THE SEASIDE.—A drowsy August afternoon, the light shimmering through the dense leaves of the broad spreading beech-trees; a figure lying upon the grass holding in his hand a Magazine—not too heavy—just heavy enough for easy holding—the *Cosmopolitan*, for August; just the sort of reading matter for a midsummer afternoon—full of attractive illustrations; scenes and life in far off Phillipine Islands, with an experience of an earthquake; photographs on the Atlantic Beach accompanying a charming sketch of Jersey's "Salt-Water Day," by Hamlin Garland; charming Spanish bits by the artist Chase; lovely vistas, and enticing groves, illustrating a California Farm Village, in which Col. Fitzsimmons describes the growth and development of a model community of fruit farms. Of the fiction, Henry James, "Jersey Villas" makes delightful midsummer reading and there is an odd story of Southern Life. Even Murat Halstead's description of the Convention at Minneapolis is breezy and bright, and the beautiful photographs which illustrate an article on Bridges and Bridge Building would attract a very unscientific reader. The one heavy article of the number is that of the famous English writer on Evolution, St. George Mivart. It is a part of the discussion in which he seeks to harmonize the principles of Evolution with the doctrines of Christianity—one of the most important series of papers ever produced in a Magazine, and attracting the widest attention among religious and scientific minds, both in England and this country.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of July, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	73	90	56	0	<i>Mean Barometer, 29.95.</i> <i>Highest barometer, 30.10, date 20.</i> <i>Lowest barometer, 29.83, date 1.</i> <i>Mean Temperature, 68°.</i>
2	68	80	57	0	
3	69	80	58	0	
4	66	76	56	0	MONTHLY RANGE OF BAROMETER: <i>Highest temperature 90°, date 1.</i> <i>Lowest temperature 50°, date 12.</i> <i>Greatest daily range of temperature 34°, date 1.</i> <i>Least daily range of temperature 16°, date 26.</i>
5	67	78	56	0	
6	67	78	56	0	
7	67	80	54	0	MEAN TEMPERATURE FOR THIS MONTH IN 1877.....71° 1882.....68° 1887.....70° 1878.....68 1883.....70 1888.....68 1879.....67 1884.....70 1889.....71 1880.....64 1885.....70 1890.....73 1881.....69 1886.....70 1891.....74
8	70	82	58	0	
9	72	85	58	0	
10	72	85	58	0	<i>Mean temperature for this month for 15 years, 72°.</i> <i>Total deficiency in temp. during the month, 114°.</i> <i>Total deficiency in temperature since Jan. 1, 290°.</i> <i>Prevailing direction of wind, W.</i> <i>Total movement of wind, 2539 miles.</i> <i>Maximum velocity of wind, direction, and date,</i> <i>15, W, 7.</i>
11	68	84	53	0	
12	66	81	50	0	
13	66	80	52	0	<i>Total Precipitation, .00 inch.</i> <i>Number of days on which .or inch or more of</i> <i>precipitation fell, none.</i> TOTAL PRECIPITATION FOR THIS MONTH IN 1878..... .00 1883..... T 1888..... .04 1879..... .00 1884..... .02 1889..... T 1880..... T 1885..... T 1890..... .00 1881..... .00 1886..... .27 1891..... T 1882..... .00 1887..... .07 1892..... .00
14	67	79	55	0	
15	67	77	57	0	
16	66	78	54	0	Average precip'n for this month for 15 years, .03. <i>Total deficiency in precip'n during month, .03.</i> <i>Total deficiency in precip'n since Jan. 1, 1.76.</i> <i>Number of cloudless days, 9.</i> <i>" partly cloudy days, 22.</i> <i>" cloudy days, 0.</i> <i>Dates of frost,</i> <i>Mean dew point, 56.</i> <i>Mean humidity, 76.</i>
17	66	78	53	0	
18	67	78	56	0	
19	66	75	58	0	
20	69	86	52	0	
21	69	84	54	0	
22	70	82	57	0	
23	70	80	59	0	
24	67	76	58	0	
25	68	76	59	0	
26	67	75	59	0	
27	66	76	57	0	
28	67	77	57	0	
29	68	79	56	0	
30	67	80	54	0	
31	72	88	56	0	

NOTE—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., JULY, 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Dirac- tion	Total Mov't
Los Angeles	68.0	90.0	50.0	29.95	76.0	0	0	9	22	0	W	2,539
San Diego	64.9	75.0	57.0	29.97	80.1	0	0	18	13	0	W	3,723
Santa Barbara ...	63.2	81.5	53.0	...	77.0	0	0	20	9	2	E. SE	3,204
Yuma	90.0	112.0	66.0	29.82	39.0	0	0	28	3	0	SW	4,721
Riverside .....	...	...	...	...	...	...	...	...	...	...	...	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; George H. Pearod, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

July, 1892.

CAUSE OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE			
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....		67	12.37	45	22	20	5	25	17	64	.....	3
Deaths under 5 years.....		21	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
CLASSES.	I.	I. Zymotic diseases.....	14	2.58
		II. Constitutional diseases.....	23	4.23
		III. Local diseases.....	19	3.50
		IV. Developmental diseases.....	6	1.10
		V. Accident and violence.....	2	.37
		Typhoid fever.....
		Typho-malarial fever.....
		Diphtheria.....	1	1	1	1
		Measles.....	1	1	1	1
		Scarlet fever.....
		Smallpox.....
		Whooping cough.....	5	3	2	5	5
		Croup.....
Pyæmia.....	1	.....	.....	1	.....	.....	1	.....	1	.....	.....
Septicæmia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhoeal } Under 5 years.....		4	.....	3	1	4	.....	.....	.....	4	.....	.....
Diseases } Over 5 years.....		2	.....	2	.....	.....	2	.....	2	.....	.....	.....
II. Cancer.....		4	.....	2	2	.....	1	2	1	4	.....	.....
Scrofula and Tabes-mesenterica.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Phthisis pulmonalis.....		19	.....	12	7	.....	3	8	8	17	.....	2
Tubercular meningitis.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III.	Meningitis.....	1	.....	.....	1	1	.....	.....	.....	1	.....	.....
	Apoplexy.....	1	.....	1	.....	.....	.....	.....	1	1	.....	.....
Convulsions.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases of nervous system.....		3	.....	3	.....	2	.....	2	.....	3	.....	.....
Diseases of heart.....		3	.....	2	1	.....	.....	3	.....	3	.....	.....
Aneurism.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bronchitis.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pneumonia.....		1	.....	1	.....	1	.....	.....	.....	1	.....	.....
Diseases of respiratory system.....		3	.....	2	1	.....	.....	1	1	3	.....	.....
Bright's disease.....		1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Enteritis, gastritis, peritonitis.....		3	.....	1	2	2	1	.....	.....	3	.....	1
Diseases of liver.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases of urinary organs.....		3	.....	2	1	.....	.....	1	2	3	.....	.....
IV. Puerperal diseases.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inanition and marasmus.....		5	.....	3	2	5	.....	.....	.....	5	.....	.....
General debility and asthenia.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dentition.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
V. Suicide.....		1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Accident and violence.....		1	.....	1	.....	.....	.....	.....	1	1	.....	.....

Deaths from causes not enumerated in the above list: Gangrene of Lung 1; Alcoholism 1; Abscess of Liver, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

"CAN'T GET AWAY FROM THE MODOC."—Very few white people ever got away from a Modoc, and that few were scalped before they got away. But here is a Snap-Shot Camera Company (as you will notice by an advertisement in this issue) coming to the front with the "Modoc Camera," which they say you "can't get away from," and yet they don't propose to scalp you. On the contrary, they offer a photograph camera, dry plates and all materials for printing and finishing perfect pictures—a whole outfit, in fact, for \$5.50, including a handsome case with handle.

Our Advertisers.

ANDREW BOYD, M.D., Vice-President of the Tri-State Medical Association, Scottsboro, Alabama, says: It gives me pleasure to say that for two years I have prescribed S. H. Kennedy's Extract of *Pinus Canadensis*, both alone and in combination, in many acute and subacute inflammations of the mucous membrane. As a disinfectant and astringent I do not know its superior. It forms the base of my prescriptions for pharyngeal pharyngitis used as a spray. Have used it undiluted in ulcerated sore throat and ulcers of rectum. I use it daily almost in common sore throat, diluted with aqua carbolica. It has given me good results, and I am very glad you have given us a preparation we can rely upon.

LYSOL IN THE TREATMENT OF AURAL AFFECTIONS.—Haug (*Journal de Médecine de Paris*, iv, 2, 1892, p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of otorrhea. In case of co-existing inflammation of the meatus and tympanic membrane, the irrigation is preceded by instillation of a few drops of a solution of forty-eight grains of cocaine hydrochlorate in a half ounce each of distilled water and alcohol. In case of otomycosis several drops of a solution of twenty grains of lysol to an ounce of alcohol are introduced into the auditory meatus twice daily, and permitted to remain for ten minutes. As a dressing, gauze impregnated with a solution of from ten to twenty grains of lysol in half an ounce of distilled water and two drachms each of glycerin and alcohol may be employed.—*Medical News*, February 13, 1892.

"Miss C——, a teacher, aged 19, had suffered from leucorrhoea continuously since she was fifteen years old, and at each return of the menses, as she expressed it, she wished to die during the first twelve hours, and for a day or so experienced such severe pains that she could not attend to her duties at school. I prescribed for her two tablets of Ponca Compound every six hours, for ten days previous to the time of her menses, and to her surprise she had no pain whatever, as it passed off easily and has continued to do so since last December. Furthermore, the leucorrhoea has entirely disappeared.

This is but one out of many similar cases that I could mention, and am inclined to believe that Ponca Compound is a specific for painful menstruation."

FLOYD CLENDENEN, M.D.,

LaSalle, Illinois.

NEPHRITIC COLIC.—It gives me pleasure to report most favorably

of the utility of Sanmetto, in a case of nephritic colic, to which I was called. The colic lasted about twenty-four hours, during which time I have never witnessed greater suffering accompanied with rectal and vesical tenesmus. Treatment: Chloroform to relieve spasm, and Sanmetto every two hours, with hot fomentations to genitals. This patient had for years suffered from prostatic troubles, with painful micturition, frequently having to use catheter to relieve the bladder; all of which had greatly improved from the use of that most wonderful remedy—Sanmetto. And too much cannot be said in praise of its efficiency in all kidney and bladder troubles.

C. E. HUME, M.D. Eggbornville, Va.

PRURITUS ANI AND VULVÆ.—The following formula will afford relief from the itching and irritation—to be applied locally:

R	Sodii Hyposulphit.....	3i
	Acid Carbol.....	3ss
	Glycerinæ.....	3i
	Listerine.....	3iii M.

DELIRIUM TREMENS:—

R	Tinct. Capsici.....	½ 3
	Peacock's Bromides.....	1 3
	Celerina.....	2½ 3

M. Sig. Teaspoonful, in water, as required, for wakefulness and excitement.

INDIANAPOLIS, Indiana, August 23, 1890.

"PERMITTED NATURAL SLEEP."—GENTLEMEN:—Have tried Antikamnia in various neuroses due to menstrual irregularities. It calmed the nervous excitement, relieved the pains, and permitted natural sleep. I shall use it hereafter with pleasure.

V. R. TOMLINSON, M.D.

Among the things which a woman always wants in her supply closet is a can of Cudahy's Beef Extract. By buying this she can patronize home industries conscientiously, as it is all made in the chemical and pharmaceutical department of the Cudahy Packing Company of South Omaha. The "Rex" brand beef extract possesses a fine flavor, is convenient and quite economical to keep in the household for the preparation of beef tea, soups, gravies, salads, etc. Added to almost any kind of soup it will improve the flavor and make it a much more nourishing dish with which to initiate the meal. It may be spread on buttered bread, providing you with a substantial sandwich, made into the form of beef tea, iced or hot bouillion and served at the soda water counter winter or summer. — From the "Omaha Excelsior" Oct. 10, 1891.

Southern California Practitioner.

VOL. VII. LOS ANGELES, SEPTEMBER, 1892. No. 9

H. BERT. ELLIS, M.D., EDITOR.

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Original.

TUBERCULAR EMPYEMA WITH RESECTION.

BY S. F. JOHNSON, LOS ANGELES.

H. L. American, aged thirty-six, presented himself, about the middle of March, at Dr. Bicknell's office and gave the following history:

He had been an exceptionally strong man and had never been sick until about a year and a half ago, when he caught cold and had a severe attack of pneumonia. This left him with a troublesome cough and other symptoms of pulmonary trouble.

He soon entered the Shirley Hospital and was treated six months for pulmonary tuberculosis, and discharged as cured. On entering the hospital he was told that his sputum was "full of bugs," and when he left that it contained none.

Soon after leaving the hospital he went to Denver, where he had several very severe hemorrhages. From Denver he had gone to Arizona, where he had spent the winter. During the winter he was aspirated two or three times and quite a quantity of fluid was drawn off each time.

On examination Dr. Bicknell found the right pleural cavity full of pus, and advised the resection of a rib. The patient did not relish the idea, and guessed he would wait awhile. Nothing more was heard of him until April 27, when a telephone message was received from a near-by town, requesting Dr. Bicknell to come there and perform the proposed operation. The patient was advised to come to this city, which he did the next day and gave the following account of himself.

He had grown steadily worse after leaving Los Angeles, and had consulted a physician who had advised an operation, but said

it was unnecessary to resect a rib, and would do just as well to punch a little hole between the ribs.

To this proposition the patient agreed and it was done, presumably, by the introduction of a trochar just above the seventh rib. Quite a large quantity of pus was evacuated notwithstanding the smallness of the opening. A piece of rubber drainage tube about the calibre of a goose quill was inserted, through which it was proposed to keep the cavity washed clean. The degree of success may be imagined, and, after struggling through one day, the poor little tubelet, discouraged by overwork, long hours and poor prospects ahead, silently, but with great celerity, slipped down inside and,

By the dawn's early light

The smooth little tubelet was plumb out of sight,

Having gone to join McGinty the previous night.

The patient was somewhat alarmed about the consequences of this little slip, but was assured by the attending physician that there was no cause for alarm, as the tube would be absorbed in a few days. A No. 9 soft female catheter was now introduced its full length through the wound, and duly hobbled to prevent its following the example of its slippery little predecessor.

The patient had kept growing weaker and more uneasy, and finally decided to come to this city and have the operation performed. Dr. Bicknell pulled the catheter out and the pus spurted clear across the room, and emitted an odor that was simply horrible.

April 30, Dr. Bicknell operated, taking out a piece of the seventh rib, Drs. Ellis, Ainsworth, Moore and myself assisting. The patient was very weak. On introducing the index finger and passing it to the bottom of the cavity, a foreign body was made out, which felt exactly like a piece of rubber tube but it certainly could not be as the days were fulfilled wherein the tube was to have been absorbed. It was easily fished out with the finger, when, Lo! the little tubelet met our wondering eyes. Apparently, in keeping with the perverseness which it had shown from the first, it had objected to making good the Doctor's assertion that it would be absorbed in a few days, and had flatly refused to mingle its constituents with the unsavory medium in which it had taken refuge, and had preferred to maintain its own individuality.

Quite a quantity of pus possessing an odor of soured ingesta, was removed, and in it was noticed some small specks which looked very much like strawberry seeds. The dressing which had just been removed was now examined, and on it were found some "sure enough" strawberry seeds. The patient was in no condition

to undergo further investigation, so the cavity was thoroughly cleansed, an ample tube inserted, and dressings applied.

The dressing was removed the next morning and the cavity washed out with a boracic acid solution, when particles of oatmeal and white of egg, on which he had breakfasted, were noticed to come away in the water.

The following questions then arose: First. Where is the perforation? Second. What has caused it? Third. What is best to do? As to the answer to the first question, opinions were unequally divided, the majority locating it in the stomach, while a small minority thought it in the cesophagus. It was thought possible that the liver had become displaced by the bulging downward of the diaphragm from the intra-thoracic pressure, and that then the stomach and diaphragm had, by inflammatory action, become agglutinated.

Should this condition be present, and a perforation exist through these united tissues, ingesta could pass from the stomach into the pleural cavity without entering the peritoneal cavity. From the natural relation of the parts, such a condition seemed quite improbable; and the more so from the fact that there was no history of any stomach trouble. There had been no pain in the stomach, his appetite and digestion were good. However, there was tenderness on pressure over the right portion of the epigastric region, which was thought to be due to the perforation.

The question as to the cause of the perforation also called forth different opinions. Naturally enough the offending little tubelet suggested itself, as did also the ten inches of catheter which had been forced to dispose of itself somewhere within the thorax.

The possibility of puncture at the time the trochar had been introduced, was mentioned, but seemed unworthy of consideration.

Another theory was that the pus had burrowed its way through the diseased tissues. On questioning the patient, he said that about a week previous he had vomited up a mouthful of pus.

In answer to the very practical question of what to do, it was decided to give the stomach absolute rest for a time and nourish the patient per rectum.

The pleural cavity was washed clean twice a day with a boracic acid solution, and after the fifth day there was no more pus.

As he had fever every evening and coughed a great deal, it was found that the Shirley cure had failed to cure, and his sputum was examined by Dr. Lula Ellis who pronounced it full of tubercle bacilli. The utmost care was taken to nourish him by the rectum, but he grew rapidly weaker and at the end of a week it was thought necessary to allow him to eat.

He was now given two meals a day, and the cavity washed clean every morning and evening with plain boiled water. More or less (generally more) ingesta came away at every washing, but the patient began to gain strength.

I tried the following experiment hoping to satisfy myself that the perforation was in the œsophagus. I reasoned that if it was in the œsophagus, food would escape into the pleural cavity only during the act of swallowing and after the food had reached the stomach no more of it would enter the cavity.

If, however, the perforation was in the stomach, it would continue to escape during stomach digestion. To test this the patient was given his breakfast, and ten minutes later the cavity was thoroughly cleansed until the water came out perfectly clear and free from ingesta. After two hours, during which the patient lay quietly in bed and swallowed nothing, the cavity was again irrigated and, much to my disappointment, quite a quantity of his breakfast took advantage of the short cut and came out with the water. This seemed to indicate that the perforation was in the stomach. I discovered that if he sat up while eating, and for an hour or two afterward, comparatively little of what he ate escaped into the cavity. This was taken advantage of, and he was able in about two weeks to sit out in the yard some and even walked a couple of blocks to the park a few times. His appetite was splendid, his digestion good, his bowels regular and he experienced no pain in his stomach.

I found it impossible to wash the particles of ingesta out through the tube, so the tube was discarded entirely and the wound was kept open by means of sterilized gauze. A large compress of cotton was worn to prevent the soiling of clothes and bed.

About the middle of June his cough began to grow worse, his fever higher and his night sweats so profuse that he was soon compelled to remain constantly in bed. Being too weak to sit up after eating, a large portion of his food passed out through his side, his constant coughing doubtless aiding in the escape.

Rectal alimentation was kept up. He gradually became weaker and died July 6, sixty-seven days after the operation.

At the post mortem examination the left lung was found to be one mass of tubercles. The right one was partly gone and a tunnel which would readily admit a finger extended upward and inward toward the apex.

The stomach was carefully examined but no perforation could be found.

Attention was next turned to the œsophagus which was examined closely, beginning at the stomach and working upward.

Nothing was found until a point was reached opposite the third dorsal vertebra, where an opening was found in the œsophagus, about an inch long and three or four lines in breadth. Being so high up it could not have been caused by the presence of the tubes, and appeared to be a clear case of ulceration through from the pleural cavity into the œsophagus.

107 North Spring street.

PRACTICAL CHEMISTRY OF COMMON ELEMENTS.

BY F. D. BULLARD, A.M., M.D., LOS ANGELES.

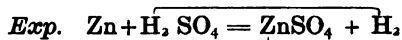
Lecturer on Chemistry, College of Medicine of the University of Southern California.

GROUP I, SERIES I—HYDROGEN.

H H' H₂, At. wt. 1, Sp. gr. 1.

H is a colorless, odorless (when pure) tasteless gas, found free in gases from volcanoes, found in combination in water and most organic substances, and is an essential constituent in all acids and ammoniacal compounds. It is the lightest substance known, $14\frac{1}{2}$ times lighter than air, hence easily diffused, very inflammable, burning with O to form steam. H, when nascent (at the moment of generation) is very strong in chem. affinity, just that much stronger than usual, by the force it takes to decompose the H mol. when once formed; under which circumstances it unites readily with substances it usually does not affect, e. g. arsenic and anti-mony compounds.

Preparation, most readily made by action of an acid on a metal.



GROUP VII—THE HALOGENS.

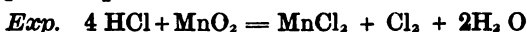
NAMES.	SYMBOLS.	MOL.	AT. WT.	STATE.	SP. GR.
Fluorine,	F'	F ₂	19.	Gas	1.3
Chlorine,	Cl'	Cl ₂	35.5	Gas	2.49
Bromine,	Br'	Br ₂	80.	Liquid	3.14
Iodine,	I'	I ₂	127.	Solid	4.95
Cyanogen, $\overline{\text{CN}}$ ' or Cy'	Cy ₂		26.	Gas	

Properties of the Group:

These elements (and Cy.) are electro-negative in the order named, have a characteristic pungent odor, and act as disinfectants and bleaching agents. They enter in direct union with many of the metals to form binary salts, and with H form the binary acids. They have affinity for O and form with it several unstable ox-acids and salts.

Chlorine is a greenish yellow pungent suffocating gas, soluble in water, having strong and extensive affinities, with an especial

attraction for H from which fact arises its bleaching power, for the H and Cl combining, leave the O of water nascent and so, capable of powerful action.



In solution 3 to 1 it makes aqua chlori.

With hydrogen, it forms HCl, a colorless, pungent, sour acid gas, very soluble in water, 450 to 1, which forms muriatic acid (40 per cent HCl). The ac. hydrochloric dil. (3 of the strong to 13 distilled water) contains 10 per cent HCl.



Bromine is a blood-red fuming liquid, feebler than Cl preparation.

Exp. To a solution of a bromide, add a few gtts of aq. chlori or bubbles of the gas—then a few gtts of chloroform; shake, and set aside. Br is set free by Cl, taken up by chloroform, colors it a yellowish-red; is heavy and sinks.

Iodine is a blue-black crystalline solid, which has a violet vapor and sublimes, changes starch blue.

Exp. To KI add starch = no color; add H_2SO_4 = blue color.

Exp. To KI add starch = no color; add aqua chlori = blue color.

Preparations and uses.

Externally as a counter-irritant.

Tr. iodi. (3i to Oi alcohol); if colorless NH_4I used,

Liq. iodi comp.=solution of I and KI in water,

Iodides of K, Na, Am, Fe, Hg, Pb, As and S are in use.

Chlorides of nearly all elements can occur.

Cyanogen forms compounds similar to those of this group, of which HCN is a type, a deadly poison—prussic acid.

To part of the solution add solution Ag NO_3 , warm and shake well.

Curdy, white ppt Ag Cy. Filter and divide ppt	Curdy, white ppt AgCl. Add HNO_3 insoluble. Add NH_4HO instantly soluble.	Curdy, yellow-white ppt Ag Br. Add HNO_3 slowly soluble. To original solution add CS_2 and chlorine water, shake. CS_2 colored brown.	Curdy, yellow ppt, Ag I Add NH_4HO , ppt. white but insoluble. Add to original sol. starch and chlorine water. Blue when cold.
Part 1. Boil in strong HNO_3 dissolves. Part 2. Add NH_4HO dissolves Add to original solution KHO in excess FeSO_4 and Fe_2Cl_6 Acidulate with HCl dark blue ppt= <i>Cyanides.</i>	<i>Chlorides.</i>	<i>Bromides.</i>	<i>Iodides.</i>

GROUP I—THE ALKALI METALS.

Lithium,	L'	L ₂	7	.6	Solid.
Sodium,	Na'	Na ₂	23	.97	Solid, never free.
Potassium,	K'	K ₂	39	.87	Solid, never free.
(Ammonium H ₄ N' or Am' Am ₂)					

This group has the following properties :

They are monads, and strongly electro-positive, readily oxidize in the air, decompose water violently and form caustic hydrates; most of the salts are soluble in water and turn red litmus paper blue. They form but one compound with Cl, I and Br, and do so when possible.

Lithium colors flame crimson. The carbonate is a good solvent of uric acid.

Sodium or natrium is a soft silver-white metal found widely distributed, especially as chloride, and in many native silicates. Colors flame yellow.

Potassium or kalium is a light bluish white metal found in composition in rocks and minerals. It decomposes water, violently igniting the hydrogen. Colors flame purple.

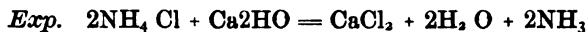
Ammonium is a compound radical forming compounds like K and Na.

Both sodium and potassium have many important medical compounds—a bromide, hydrate, carbonate, acid carbonate, double tartrate. Sodium has also the acid phosphate, chloride and sulphate. Potassium has the iodide, nitrate, chlorate, cyanide and double tartrate with antimony.

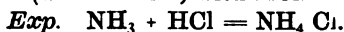
The carbonates render urine alkaline and increase the amount. The tartrates, citrates and acetates are changed to carbonates in the system. Tartrates, sulphates and phosphates are more or less cathartic.

The alkalis and their carbonates are incompatible with acids and metallic salts.

Ammonium tests.—The odor of ammonia gas can be obtained by the addition of a caustic hydrate, water and a salt being also produced.



The gas also turns red litmus temporarily blue and forms a salt (which fumes) with HCl.



GROUP II.

Of this group, Ca, Ba, Mg, Zn and Hg only will be here considered, and Mg with the first two . .

Calcium	Ca''	40	Metal
Barium	Ba''	137	"
Magnesium	Mg''	24	"

These are called metals of the alkaline earths; their properties and chemical energy increase with atomic weight. The carbonates, phosphates and sulphates are insoluble. All are dyads and electro-positive.

Calcium is a light yellow ductile metal, widely distributed as carbonate (limestone, chalk, marble); in gypsum and alabaster as sulphate; in fluoride and silicate in form of phosphate.

The calcium salts play an important part in the animal economy; the phosphates in every fluid and tissue in the body, forming 55 per cent of bones and with the carbonates 72 per cent of teeth. The acid phosphate occurs in brain tissue and in acid animal fluids. It occurs as an oxalate in crystals in the urine to an excess, in lung diseases, acid dyspepsia and from certain kinds of diet—excessive saccharine, certain vegetables—tomatoes, rhubarb.

Pathologically, the carbonate forms calculi and calcifications and the oxalates “mulberry calculi.”

The lime salts furnish material needed by the organism in its growth. The chloride of lime is a bleaching agent by proxy—setting free Cl and nascent O. Liquor calcis = clear solution Ca_2HO in water. *Creta preparata* = purified native carbonate.

Other uses.—CaO under oxy-hydrogen flame becomes intensely white = Drummond light. Plaster of Paris = ground gypsum (sulphate minus water of crystallization.)

Barium.—The salts of this metal are of little interest to medical students, and if soluble, are poisonous.

Magnesium.—Abundant and usually with calcium, also as silicates (soapstone, etc.) and in mineral waters; a brilliant, tenacious, ductile, white metal, burns with bluish light rich in actinic rays \therefore used in photographing in the dark or in caves.

The oxide, carbonate, hydrate (in solution in water, as milk of magnesia), sulphate (epsom salts), citrate, effervescing citrate, are most important medical preparations. The Mg Am. phosphate occurs in ammoniacal urine in the form of right rhombic prisms.

Exp. $\text{MgCO}_3 + \text{H}_2\text{SO}_4 = \text{MgSO}_4 + \text{H}_2\text{O} + \text{CO}_2$

(Dilute in hot water.) Crystals on cooling.

Analysis of Ca, Ba and Mg salts:

To an aqueous solution of a salt of only one of them, add K_2CrO_4 to a part of solution = ppt = Barium.

If absent, add AmCl, Am, CO_3 and boil = ppt = Calcium.

If both Ba and Ca are absent, add AmCl, AmHO and Na_3PO_4 = white
 Am_3AsO_4 = gran. ppt. = Magnesium.

To a solution containing one, two, or three of the above, add K_2CrO_4 = ppt = Barium.

Filtrate, add $AmCl$, $AmHO$, Am_2CO_3 and boil = ppt = Calcium.

To filtrate, add Na_3PO_4 or Am_3AsO_4 = ppt = Magnesium.

Tests for both groups :

To the solution add $AmCl$, $AmHO$, Am_2CO_3 boil and filter; if a precipitate occurs it indicates barium or calcium, wash it, dissolve in acetic acid and add K_2CrO_4 which will precipitate barium. The filtrate contains calcium which is thrown down by $Am_2C_2O_4$; the filtrate which remains after the addition of the first three reagents contains Mg , Am , Na , K ; now add Am_2HPO_4 shake and filter, Mg is precipitated and the filtrate contains Am , Na and K . Am being volatile must be detected in the original; K is determined by $PtCl_4$ and Na by yellow flame.

Zinc	Zn''	Zn (mono-atomic molecule.)	65
Mercury	Hg''	Hg	" " 200 Hg_2 = dyad.

Zinc is a bluish white, brittle metal, slightly acted on by the air; occurs in ores (Blende). It forms alloys, (i. e., mechanical mixtures) with Ni and Co . Over iron, it forms a coating (galvanized iron). In battery cells, it is usually the positive electrode.

Tests	{	With alkaline carbonates and hydrates, a white ppt., soluble in excess.	} = Zinc.
		With $AmHS$ or H_2SO_4 a white ppt.	
		With K_4FeCy_6 a yellow white ppt.	

With dilute acids, it forms salts and evolves H . Its soluble salts are corrosive poisons.

Mercury, the only liquid metal, occurs usually as native sulphide (cinnabar). It forms alloys with all metals, except iron, called amalgams.

Mercury forms two sets of compounds—the mercurous (Hg_2'') and the mercuric (Hg''). If Hg is dissolved in an excess of acid, the "ic" salts result; when the opposite is the case, the "ous" compounds are formed. Metallic Hg added to "ic" compounds converts them to "ous"—oxidizing agents have an opposite effect. The "ic" salts are the more powerful.

General tests :

All Hg salts sublime by heat.

A black precipitate with H_2S (insoluble in HNO_3 but soluble in Aqua Regia).

Copper in acid solution coated with silver white amalgam.

Heated in tube with Na_2CO_3 globules of Hg distil.

Tests for "ous" and "ic" salts:

Reagent.	Mercuric Compound.	Mercurous Compound.
Ca ₂ HO	A yellow ppt.	A black ppt.
KI	Scarlet ppt. sol. in excess.	Olive green ppt.
H ₂ S	Black ppt., red on sublimation.	Black ppt.
K ₂ CrO ₄		Bright red ppt.
NH ₄ HO	White ppt.	

"Ous" compounds.—Protiodide (viride), protoxide (black), black wash, nitrates, sulphates and calomel.

"Ic" Compounds.—Biniodide (rubrum), binoxide (rubrum). sulphide (cinnabar), vermilion, yellow wash, nitrate, sulphate and corrosive sublimate.

GROUP III.

Boron	B'''	11	SP. GR. 2.63
Aluminum	Al ^{IV}	Al ₂ VI 27	2.5

Boron occurs in boracic acid and borax, Na₂ BO₃ — boiled in glycerine, an antiseptic ether, boroglyceride, results; ppt. by HCl.

Aluminum is found widely distributed in rocks (granite, quartz, mica), clays, etc. It is usually employed in medicine in the form of alum, double salt of aluminum sulphate and the alkaline sulphates.

Test:

With ammonia, e.g., AmHO, a white precipitate is formed, insoluble in excess.

It is used as mordants on account of affinity to fiber and vegetable coloring matter in dyeing; in an alloy with Cu it forms aluminum bronze.

GROUP VIII.

Iron (ferrum)	Fe'' or Fe ^{IV}	Fe ₂ VI	Fe ₂ 56	SP. GR. 7.8
---------------	--------------------------	--------------------	--------------------	----------------

Fe₂'' produces ferrous salts; Fe₂^{VI}, the ferric.

Iron is widely distributed as ores; iron forms many medical compounds.

Fe₂ + 2H₂ SO₄ = 2FeSO₄ + 2H₂ (tacks + $\frac{1}{2}$ acid + water and heat, pour into alcohol, crystals of ferrous sulphate form.

6FeSO₄ + 3H₂ SO₄ + 2HNO₃ = 3(Fe₂ 3SO₄) + 2NO + 4H₂ O, ferric sulphate.

Ferrous compounds: Chloride, iodide, oxide, hydrate, sulphate, carbonate, triphosphate, oxalate, lactate, tartrate.

Ferric: Chloride, oxide, hydrate, sulphate alum, nitrate.

Scale compounds: Non-crystallizable products from organic

(usually) acids, citrate Fe and Am, tartrate Fe and K, citrate Fe and Quinine, phosphate Fe and strychnine, and pyrophosphate.

Tests for iron salts:

Reagent.	Ferrous.	Ferric.
1. H_2S	No ppt.	Ppt., S, ferric changed to "ous."
2. NH_4HS	Black ppt., FeS .	Black ppt., FeS , changed to "ous."
3. K_4FeCy_6	White ppt., ferrous ferrocyanide.	Ppt., Prussian blue, ferric ferrocyanide.
4. K_3FeCy_6	Ppt., Turnbull's blue, ferrous ferricyanide.	No ppt., liquor darkened.

Heat and nitric acid change ous into ic salts of Fe.

Am. in sol. NH_4HO	Dirty green ppt.	= Ferrous.
	Red ppt.	= Ferric.
	White ppt. insol. in excess	= Aluminum
	White ppt. sol. in excess	= Zinc.
	White ppt.	= Mercuric salts.
	Black ppt.	= Mercurous "

GROUP IV.

Lead (plumbum) Pb^{II} and IV Pb , AT. WT. 207 SP. GR.

Lead is a soft, bright metal, quickly tarnishing on exposure to air, occurs in Galena; used in alloys with arsenic to form shot; with antimony, forms type; with tin, solder; also in pewter, Britannia metal. Common preparations: Acetate, oxide, carbonate, liq. plumbi subacetatis (3 per cent) Goulard's ext.

Add HCl , if a ppt. appear, Hgous , Pb or Ag present.

Boil ppt. in much water, dissolves = Lead.

If ppt. remains, filter with dilute $\text{AmHO}(\frac{1}{2})$.

Then add HNO_3 , a white ppt. = Silver.

The black ppt. = Mercury.

Reagent.	Result.
H_2S	Black ppt., PbS
Alkalis	White ppt.
H_2SO_4	Insoluble white ppt.
KI	Yellow ppt.
KHCrO_4	Yellow ppt.
Charcoal and Na_2CO_3	With blow pipe, yields the metal.

GROUP I—THE METALS.

Silver, Argentum,	$\text{Ag}^{\text{(III)}}$	Ag_2	AT. WT. 108	SP. GR. 10.5
Copper, Cuprum,	Cu^{II} (Cu_2) $^{\text{II}}$	Cu_2	63.5	8.9

Silver is a brilliant, malleable, ductile, white metal.

Tests for silver:

HCl gives white ppt., AgCl, soluble in AmHO.

Alkalis give brown ppt., Ag₂ O.

H₂ S gives brown ppt., Ag₂ S.

Most important and common medical preparation: AgNO₃

Copper occurs free and with ores, a soft, ductile, reddish metal, CuSO₄ most important and common drug.

General tests:

H₂ S gives a brown black ppt., CuS.

Iron in solution becomes coated with Cu.

K₂ FeCy₆ gives a brown ppt., Cu₂ FeCy₆

AmHO, a blue ppt. which dissolves in excess of AmHO, leaving a blue solution.

GROUP V.

Nitrogen	N ^{III or V}	N ₂	14	A gas.
Phosphorus	P ^{III or V}	P ₄	31	Vol. solid.
Arsenic	As ^{III or V}	As ₄	75	Vol. crystalline, metal like.
Antimony	Sb ^{III or V}	Sb ₂	120	Vol. crystalline, brilliant lustre.
Bismuth	Bi ^{III or V}	Bi ₂	207.5	Crystalline, metallic lustre.

Nitrogen.—A colorless, odorless, tasteless, incombustible gas, inert in itself, forming numerous indirect compounds, many of them unstable; forms four-fifths of the atmosphere. With three atoms of H = Ammonia, NH₃ N₂ O, laughing gas, an anæsthetic. A series of compound nitrates exist.

Nitric acid has salts called nitrates.

Add to liquid, FeSO₄ and pour on to strong H₂ SO₄, a brown black or reddish zone at junction = HNO₃

Heated with Cu, turns green and evolves red fumes.

Medical preparations: Acid nitricum dilutum and acid nitromuriaticum.

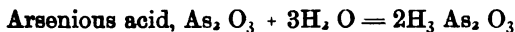
Phosphorus.—A waxy solid which must be kept under water, emits light in dark, odor due to ozone.

Phosphoric acid can form acid phosphates, H₂ NaPO₄ and HCaPO₄; normal salts, K₃ PO₄ and Ca₃ (PO₄)₂; double salts, NH₄ MgPO₄

Phosphoric acid forms phosphites, hypo and pyro-phosphites.

Acid phosphoric dil. = the most important medical preparation. Phosphorus is a violent poison.

Arsenic combines directly with many elements, as As₂ O₃, but especially with nascent H, AsH₃. The most important compound is white arsenic, a gritty powder (As₂ O₃) which is made up of more or less regular octahedral crystals; with water it forms arsenious acid.



The arsenious oxide boiled in HNO_3 yields arsenic acid.

Medical preparations: Liquor potass. arsenitis (Fowler's solution, 4 grains to 1 ounce), liquor arsenici et hydrargyri iodidi (Donovan's solution, As_2O_3 aq 204), liquor sodae arseniatis (Pearson's), arsen. iodidum.

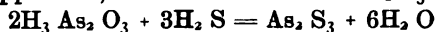
Arsenic is used in pyrotechny, in fly poisons, in shot and certain pigments.

The detection of arsenic is required in substance, in solution, in alloys, in wall paper and pigments, in earth and in organic matter.

Exp. Place in reduction tube a little arsenic, add charcoal, heat horizontally, first charcoal and then the arsenic; garlic odor is given off and a metallic mirror forms.

Exp. Break off mirror and heat in test tube = white As (tri-hedral crystals.)

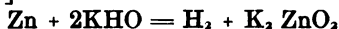
Exp. To a solution As_2O_3 add a few drops HCl , also H_2S ; a lemon yellow ppt. falls, soluble in ammonia— As_2S_3



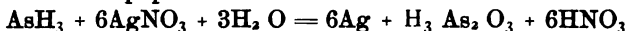
Exp. To a solution As_2O_3 add silver ammonia nitrate; a canary yellow ppt. of silver arseniate results— Ag_3AsO_3

Exp. To a solution As_2O_3 add copper ammonia sulphate; a green pp. of copper arseniate results— CuHAsO_3

Exp. Fleitman's test: In tube, put strong KHO and Zn , clasp over mouth a paper wet with AgNO_3 and boil; no stain, but potassium zincate formed. [Zn_2HO is usually a base, but in the presence of so strong a positive as K , Zn becomes negative. \therefore H_2 , ZnO , an acid.]



Now add a few drops arsenic solution and boil; a black stain appears on the paper.



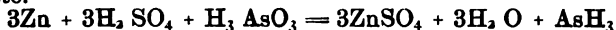
Exp. Reinsch's test: Into solution As_2O_3 in tube, put a few drops HCl and a clean strip of copper, boil; a gray coat of As , remove, dry and test by

Marsh's test:

Into a hydrogen generating apparatus, put some pure zinc and dilute H_2SO_4 (1—4); wait fifteen minutes and hold cold porcelain over the lighted jet. If no stain = no As or Sb . Now add As solution; a brown black metallic mirror appears.

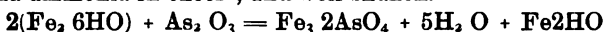
By burning AsH_3 decomposed, forming H_2O and As .

As . freely soluble in liquor sodae chlorinatae, with HNO_3 becomes arsenic acid, white, and with AgNO_3 gives red arsenious nitrate.



Antimony gives a sooty stain, barely soluble in HNO_3 and not red with AgNO_3 ; soluble in NH_4HS with an orange red residue.

Ferric hydrate is an antidote made by adding tr. ferri chlor. to aqua ammonia in excess, and well shaken.



Organic matter, stomach, etc., to be cut into fine pieces, placed in clean porcelain dish, mixed with HCl and heated over water bath, KClO_3 added from time to time, and stirred till solids are destroyed; or, H_2SO_4 and HNO_3 to char the matters, then dilute and filter; all metals but Pb or Ba will pass into filtrate.

Antimony is a bluish white crystalline solid, used in type metal to give hardness and expansion; found in medicine as tartar emetic (K , Sb tartrate), in syrup of squills and wine of antimony.

Reinsch's test gives bluish deposit on copper which yields an amorphous white sublimate.

Marsh's test gives a sooty stain. See above.


Bismuth.—Usually employed in medicine as the subnitrate—a heavy white powder, insoluble in water, sometimes contaminated with arsenic.

KHO , AmHO , NaHO , give a white ppt.; KI gives a brown ppt.; H_2S , AmHS , give a black ppt.

GROUP VI.

Oxygen	O''	O_2		16
Sulphur	S''	IV or VI	S_2 or S_6	32

Oxygen is a colorless, odorless, tasteless, non-inflammable gas; supports combustion (which is quick oxidation with evolution of light and heat); oxidation equals slow, without evolution of light and heat.

Ozone equals three molecules of oxygen, thus 

Oxygen is usually best prepared by gently heating KClO_3 and MnO_2 ; collect under water. With H it forms water, H_2O and the peroxide of hydrogen, H_2O_2 , a disinfectant.

Sulphur occurs in rolls, sticks, flowers, ppt. milk of sulphur, etc. Chemically, H_2S , reagent, precipitating metals as sulphides. H_2SO_4 , sulphuric acid, oil of vitriol, colorless, if pure; darker, if not; an oily, heavy liquid with great affinity for water, evolving with it, heat. It produces a corroding, spreading, moist acid stain.

THE San Francisco Therapeutical Society was organized July 23, 1892, at the residence of Dr. Neuman. The officers elected are: Dr. Belinge, President; Dr. J. W. Blake, Vice-President; Dr. Davison, Treasurer; Dr. Neuman, Secretary. To meet twice a month.

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

CHOLERA.

The threatened invasion of cholera directs attention to the wisdom of the effort to obtain the establishment of a sanitary bureau in the president's cabinet, with a medical man at its head.

Under existing law and usage the Secretary of Agriculture looks after hog cholera, while the Secretary of the Treasury has oversight of the variety that attacks the people.

True, he has at command the advice of the Supervising Surgeon-General of the Marine Hospital Service, but he has full liberty to disregard it if not in accord with his financial ideas.

One is forcibly reminded of the continued supremacy of States rights, and of the possibility of an extreme construction of the doctrine menacing the nation with as great disaster as was experienced in 1861-65.

A national Board of Health under the control or direction

of the Medical Bureau would necessitate the establishment of State boards of health throughout the Union. No difficulty need be experienced in the legislative regulation of inter-state health questions.

With thorough organization and a system of ready and frequent communication, a few hours would suffice to complete the most rigid defence against foreign infection.

International sanitary action is too remote. Emergencies demand promptness; and self-protection brooks no delay.

We had supposed the question of quarantine long since decided; but inasmuch as the Secretary of the Treasury and the Health Officer of New York city do not coincide, it must be regarded as still *sub judice*. Nearly twenty years ago Surgeon-General Woodworth, U. S. M. H. S., wrote: "The barbarous quarantine of detention is a thing of the past; at least where modern sanitary science holds sway. Where cholera has actually appeared upon a vessel during the voyage it may be necessary to detain the passengers for a time varying with the conditions in each instance; in short governing the administration of quarantine in accordance with common sense based upon exact knowledge of the evil to be dealt with." While Dr Van der Poel, at that time one of our highest sanitary authorities said: "No arbitrary rules can be laid down which shall be applicable to all vessels. Every arrival of a vessel with cholera must be judged by the particular features which belong to that case. While, as a rule, every vessel, its passengers and crew having had cholera upon its passage or at the time of its entry, should be subjected at least to a quarantine of observation, still this rule is not without exceptions." We are not prepared to admit any exceptions. But the recent arbitrary quarantine of observation with its resultant misery and possible extension on ship board of the plague whose exclusion from our shores is sought, presents indeed a harrowing picture.

We believe that near every coast port of entry, and near every coast military fort, the government should possess itself of some island, or, should that be impossible, of some isolable ground on the main land, and there erect substantial barracks with separate hospital buildings, to be held in readiness, for such emergencies as that which now confronts us. Should campaign economy object to the outlay for structures, these

may be omitted, and the need for shelter be met by army tents on demand. But the possibility of a repetition of the Fire Island scenes should be forever prevented at whatever cost, and preferably by the nation.

It is the duty of the general government to resort to every intelligent expedient to exclude infectious disease from our borders. If unsuccessful the coöperation of the several state and municipal health boards may even then impede its advance inland, and greatly diminish its destructiveness.

EDITORIAL NOTES.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

A very full program is announced for the coming meeting of the American Electro-Therapeutic Association which is to be held in New York, at the Academy of Medicine, 17 West Forty-third street, October 4, 5 and 6.

There will be two interesting discussions, one upon "The Relative Foeticidal Value of the Different Currents and their Application to Ectopic Gestation," to be discussed by many prominent gynecologists and electricians, and another upon "Cataphoresis and its Practical Application as a Therapeutic Measure."

Papers are announced by Drs. Geo. J. Engleman, Wellington Adams and Geo. F. Hulbert of St. Louis; Wm. F. Hutchinson of Providence, R. I.; Franklin H. Martin of Chicago, Ill.; A. Laphorn Smith of Montreal, Canada; R. J. Nunn of Savannah, Ga.; Thomas W. Poole of Lindsay, Ontario; C. Eugene Riggs of St. Paul; W. J. Herdman of Ann Arbor, Mich.; D. S. Campbell of Detroit, Mich.; G. Betton Massey of Philadelphia; Henry D. Fry of Washington, D. C.; H. E. Hayd of Buffalo, N. Y.; J. H. Kellog of Battle Creek, Mich.; C. G. Cannaday of Roanoke, Va.; Ernest Wende of Buffalo, N. Y.; and Wm. J. Morton, Augustin H. Goelet, A. D. Rockwell, Landon Carter Gray, Robert Newman, Ephraim Cutter, Frederick Peterson, G. M. Hammond, F. Van Raitz, of N. Y., and many others. Dr. J. Mount Bleyer will give an instructive lecture with demonstrations, entitled, "The Phonograph and Microphonograph, the Principles underlying them and their Uses in the Sciences."

In connection with the meeting, there will be an exhibition of modern medical electrical apparatus, all the prominent manufacturers being represented.

The social part of the program includes many pleasant surprises.

Dr. A. C. Rogers has resumed his practice after a two months' trip to the East.

DR. J. HARVEY REED of Mansfield, Ohio, medical editor of the *Railway Age* has been in Los Angeles, during the past week.

DR. C. L. BARD has started a private hospital "Flor del Mar," at Ventura in which will be received all classes of cases except those of a contagious nature.

THE College of Medicine of the University of Southern California commences its work for the year 1892-93 on October 12. New apparatus is to be placed in the laboratories and everything points to better work in the future than the good work which has already been accomplished.

CORRESPONDENCE.

MEDICAL NOTES ON BUDAPEST.

DEAR PRACTITIONER:—Of Budapest, the growing capital of Hungary, and its excellent medical institutions, one hears comparatively little, so today I fulfill my promise to report my experience there. In Pest the official language is Hungarian and therefore the University is but rarely visited by foreign students.

To this circumstance I ascribe the extremely kind reception which was offered to me by most of the professors there; who, by the way, speak German and French almost as fluently as Hungarian, and so I had no difficulty in getting all the desired information. One of the most important institutions of all is the celebrated Red Cross Hospital, consisting of a series of large and handsome buildings, beautifully located on the "Ofen" side of the Danube. During time of peace only some of the buildings are used for a general hospital, but in case of war all civil patients must leave and the whole vast establishment be left free to be occupied by the victims of battle. There are, stored away and kept in order ready to leave at a moment's notice, a great number of ambulance wagons, filled with antiseptic dressings and surgical instruments, stretchers of all kinds, furniture for field hospitals, etc., etc. In short, everything is ready for a terrible war. Two classes of nurses (Sisters of Charity and secular nurses) are constantly trained for the service of war and for cases of great catastrophes.

It was at the gynecological department of the Red Cross Hospital that Professor Elischer kindly invited me to see some of his laparotomies. I saw him remove a uterus and its annexes for myoma in less than forty-five minutes, in spite of a good many adhesions. He operates only aseptically. Instead of using the elastic ligature, which he claims is miserable, he simply attends

to the bleeding as he proceeds to separate the body from the remaining stump. He thinks that the elastic ligature can not be properly disinfected and even if one should succeed in doing so, the ligature would become so rotten as not to stand any traction at all. He touches the remaining cervix with a strong solution of chloride of zinc and takes great care to cover the entire surface with healthy peritoneum, previously separated from the body of the uterus. After a thorough aseptic washing and drying of all the parts he inserts the stump into the abdominal cavity and leaves no drainage. The superficial sutures he removes on the sixth, the deep on the tenth day after the operation.

Another interesting institution I visited was the Central Station of the Voluntary Life Saving Association. The object of this institution, founded and supported entirely by voluntary contribution, is to give first aid in all sorts of accidents in and about the city of Budapest. A chief of service and two graduated physicians aided by six senior medical students are constantly on the watch.

A small corps of nurses, four general ambulance wagons, one ambulance carriage and one ambulance for insane patients (a sort of cab lined with rubber), and a great number of stretchers are at the disposal of the Staff. Through telegraph and telephone the Station is in constant communication with the hospitals and police, and where these means of communications do not yet exist, for example, in neighboring villages they use carrier pigeons and trained dogs as messengers. An interesting and useful feature of the institution is the bi-weekly training of the "Ret-tungs's Corps," a most excellent exercise, especially for the young physicians and students. To prove the usefulness of the establishment one only needs to look at the statistics.

In 1890 they attended to 6015 cases, i.e., sudden diseases, 948; injuries, 2322; sudden deaths, 110; patients transferred, 1313; fires, 84. I was present when an alarm was given; a house had fallen in and buried four laborers. In less time than it takes to tell it, the chief and his assistants were on the way.

The new University-Clinic of Budapest is one of the finest buildings I have ever seen. By the lectures on clinical medicine delivered in Hungarian, I did not profit very much. I was, however, privileged to visit repeatedly the orthoædic clinic of Prof. Dollinger. He is a most charming gentleman and fine teacher. He has a good many of his own ideas, which he knows how to defend. So, for example, he discards etherized iodoform for tuberculous processes, the treatment instituted by Verneuil of

Paris and practiced with some modification here in Vienna at Billroth's clinic.

Professor Dollinger claims that a simple thorough opening, cleaning and scraping, followed by an aseptic after-treatment, suffices in almost all of these tuberculous abscesses, and that the results obtained thereby are better and surer.

He states that his experience with Verneuil's method has shown him that this treatment is not only very painful but that it is accompanied with constant danger of iodoform poisoning. He has watched several cases in which as a consequence of the rapid evaporation of the ether and the following tension of the abscess walls, these had become gangrenous.

Interesting, too, are his views and his practice in regard to skoliosis, which differ to some extent from the views held by my honored teacher, Professor Sayre of New York. While the latter advocates the Plaster of Paris jacket before the bony structures have undergone any permanent change, i.e., in early and light cases and where no curvature has yet formed, Professor Dollinger objects strongly to the employment of the jacket in early skoliosis. He claims that the jacket, in such cases, is not only useless but even harmful; that the fixation of the thorax produces an atrophy of the chest muscles, and that on the removal of the jacket the skoliosis will have often increased.

In beginning and light skoliosis Dr. Dollinger employs judicious massage and gymnastics and he thinks he has obtained thereby good and lasting results.

According to his experience, Professor Sayre's corset, or any of its modifications, was only indicated in far advanced cases to sustain the upper weight of the body and to prevent congestive processes of internal organs, but in these cases, too, he recommends most strongly gymnastics of chest and back muscles.

In Dr. Dollinger's private clinic, to which he had kindly invited me, I witnessed a very interesting operation. A child of about nine years of age was brought in, with an infantile paralysis of the upper arm; the forearm and fingers were intact but of course their use was very limited owing to the incapacity of the extensors and flexors of the humerus. Professor Dollinger opened the shoulder joint and united the head of the humerus to the scapula by first making flattened surfaces of the respective scapular process and the head of the humerus; then he roughened these surfaces so as to assure a better union and finally fixed the two bones by wire sutures. The operation was done only under the strictest asepsy. The artificial ankylosis thus produced will give to the

child at least a useful forearm and fingers, and perhaps a limited scapulo-humeral motion.

Herewith I must close my report of Budapest. For a few weeks now, I have enjoyed the vast advantages of Vienna's great clinics. Of the study of medicine in Vienna I will say nothing. My esteemed friend and teacher Dr. J. H. Utley has written such an excellent article on the subject, in one of the earlier numbers of the PRACTITIONER, that I feel that I could add nothing to it. I refer all those who desire to inform themselves regarding medical studies in Vienna to this article.

Since I have been here I have had the pleasure of seeing a good many interesting operations by Billroth, Albert Mosettig, V. Dittel, and have listened to very good lectures by Kaposi, Chrobak, Benedict, Kassowitz and others. Before leaving here I shall try to compile the most interesting notes I have taken and thus endeavor to present them in shape of a letter to your honored readers.

DR. S. A. KNOPP.

Vienna, July 27, 1892.

NEW LICENTIATES.

At a meeting of the Board held August 2, the following named physicians were granted certificates to practice medicine and surgery in this State:

Abbott, Ezra T.	University	Med. Dept. Univ., Michigan, June 30, 1892
Anderson, Winslow	San Francisco	Royal Coll. Surg., London, Eng., April 16, 1891
		Licentiate Soc. Apoth., London, Eng., July 15, 1891
		Licentiate Royal Coll. Phys., London, July 30, 1891
		Member Royal Coll. Phys. London, July 30, 1891
Blakeslee, Edwin	Los Angeles	Berkshire Med. Coll., Mass., Nov. 21, 1854
Boeseke, E. J.	San Francisco	Chicago Med. Coll., Illinois, March 26, 1889
Croacher, Anna W.	San Francisco	Med. Dept. Univ., Michigan, June 26, 1891
Curl, Charlie Albert	Palm Springs	Chicago Med. Coll., Illinois, March 24, 1885
Dean, Francis	Santa Clara	Royal Coll. Surg., England, 1884
Dunton, W. A.	Los Angeles	Med. Dept. Univ. So. California, May 25, 1892
Gaynor, John J.	Arcata	Coll. Phys. and Surg., Buffalo, N. Y., May 31, 1881
Goodhue, E. S.	Riverside	Rush Med. Coll., Illinois, March 29, 1892
Hagadorn, Mary E.	San Francisco	Med. Dept. Univ. So. Cal., May 25, 1892
Heyn, Christian Jacob	Chicago, Ill.	Univ. of Copenhagen, Denmark, Oct. 10, 1884
Knoblauch, Charles F.	Anaheim	Med. Dept. Tulane Univ. La., March 20, 1874
Lamb, L. Kossuth	Los Gatos	Med. Coll. of Ohio, March 2, 1876
Long, Geo. H.	Merced	Kentucky School of Med., June 30, 1891
Luman, Frank E.	San Francisco	Bellevue Hosp. Med. Coll., N. Y., March 28, 1892
Lutz, Adolph	San Francisco	Fac. of Med., Berne, Switzerland, July 28, 1880
McGuire, James C.	San Francisco	McGill Univ., Fac. of Med., Montreal, Apr. 1, 1891
Pitblado, John H.	Los Angeles	Long Island Coll. Hosp. N. Y., March 23, 1892
Prose, Thomas W.	Fall River Mills	Columbus Med. Coll., Ohio, March 9, 1884
Tiffany, Elmer Newell	Watsonville	Med. Dept. State Univ., Iowa, March 7, 1888
Tyrrell, Gerrard Geo. Jr.	Sacramento	Med. Dept. Univ. Vermont, July 11, 1892
Wade, Wm. N.	Santa Barbara	Med. Dept. Univ. Pennsylvania, May 6, 1892
		CHAS. C. WADSWORTH, Secretary.

BOOK REVIEWS.

TREATISE ON THE DISEASES OF WOMEN; For the use of students and practitioners. By Alexander J. C. Skene, M. D., Professor of Gynecology in the Long Island College Hospital, Brooklyn N. Y. Formerly Professor of Gynecology in the New York Post-Graduate Medical School; Gynecologist to the Long Island College Hospital; President of the American Gynecological Society, 1887; Corresponding Member of the British, Boston, and Detroit Gynecologist Societies of the Royal Society of Medical and Natural Sciences of Brussels, and of the Leipzig Obstetrical Society; Fellow of the New York Academy of Medicine; Ex-President of the Medical Society of the County of Kings; Ex-President of the New York Obstetrical Society, Second Edition, Revised and Enlarged with 251 Engravings and 9 Chromo-Lithographs. New York, D. Appleton & Co., 1892. Price

Three years have passed since the first edition of this valuable work was issued.

Being fully up to the times, it obtained immediate recognition among general practitioners, by whom it is still regarded as ultimate authority. While faultless neither in style nor statement, it is unquestionably the best single volume work in its line.

The revision has been fairly well done. Here and there a carelessly written sentence has been re-constructed, but not a few await another attempt. Twenty-two pages that could be easily spared, and six that could not, have been omitted, together with a few illustrations which by reason of change of text are no longer needed. Many figures have been recut, but not all such are improvements. An occasional misnumbering is noticeable, and in two instances incorrect numerical references in the text (pp 749 and 899) hold over from the first edition.

Possibly as a matter of convenience to the binder, at different places there are eight pages having duplicate numbers, the new being followed by a star.

These are but trifles; yet so choice a volume merits better treatment at the hands of the publishers. Approximated fifty pages of matter have been added, without materially increasing the size.

In the treatment of antelexion of the body of the uterus, the first edition recommends "the use of an antelexion pessary; those of Thomas and Hewitt being preferable." The new edition, without any allusion to the change, directs the employment of 'a *retro-version* pessary, to draw the urine [uterus?] backward." This failing, the author favors "the intra-urinary [intra-uterine?] stem, with a vaginal pessary." Where was the proof-reader "at," when these mutilations were presented for repair?

In the preface the author claims to give his "latest views on injuries of the cervix uteri and pelvic floor." A careful comparison of editions show no change. No allusion is made to Tait's splitting or flap operation for perineal repair, which has received

such extensive endorsement. On page 114 reference is made to "the terminal ends of the rectum and vagina," evidently meaning distal; and this in a revised sentence.

Six months after the issue of the first edition, Dr. Mary E. Bates, Professor of Anatomy in the Woman's Medical College, Chicago, read before the Los Angeles County Medical Association, a paper on "Experimental Intermediate Treatment with cure of lacerations of the cervix uteri with cases," (*SOUTHERN CALIFORNIA PRACTITIONER*, July 1889,) in which she demonstrated the possibility of effecting union without sutures, from the tenth to the fourteenth day after the accident; the parts being held in contact and the entire organ supported by aseptic wool. This simple method is worthy of the attention of every obstetrician.

Owing to the fact that immediately after delivery it is impossible fully to estimate the extent of a laceration, or even to recognize it at all, by reason of the relaxation of the cervix, we hold that on the tenth day, the usual date for the discharge of an obstetric case, the patient should be examined with reference to this condition, and in the event of a tear, relief should be attempted by the Bates method.

On page 265 in the report of an especially interesting vaginal operation, the remark is made in closing, "The case being a recent one, its future history has yet to be developed." This sentence from the first edition should either have been omitted, or else supplemented. As the title page announces that the treatise is "for the use of students," we seriously regret the omission of pages 501 to 506 of the first edition, containing a carefully prepared summary of facts in the differential diagnosis of ovarian neoplasms in the first stage, including in detail hydro-salpinx, normal pregnancy, uterine fibroma, uterine fibro-cyst, cyst of the broad ligament, encysted dropsy, ascites and large ovarian cysts, together with a table presenting the differential diagnosis of the three varieties of ovarian cysts, in the third stage. We hope that in an early third edition these tables may be reinstated.

The section on the preparatory treatment for ovariectomy has been entirely re-arranged.

It is somewhat surprising to note a caution against possible damage from a general bath taken the night before the operation. In feeble patients unused to bathing he advises that "it should be done several days before, and then with great care." Certainly a competent nurse could attend to this simple yet important matter, without harm to the patient. The author makes absolutely no allusion to aseptic or antiseptic precautions in surface washing, or in the preparation of instruments and appli-

ances, except that the water to hold the sponges and towels should be "a one-to-twenty carbolic solution." Nor a word about the surgeon's asepsis, while the final abdominal toilet is to be made with "gauze soaked in the one-to-eight solution of glycerine and carbolic acid." A book for students should take nothing for granted except the possible absence of knowledge. The author advises against "the administration of morphia until bed-time, except in case of severe pain and restlessness," but says that "some of the most successful surgeons give it immediately after operating; and that is best when the case is bad and there is shock." It has been our experience in this as in other capital operations that anæsthesia is favored and shock mitigated by morphia given hypodermatically just before the anæsthetic.

He continues to favor drainage according to Keith's method.

He writes in the new edition as in the old, "It is true that during the last year or two there has been some difference of opinion regarding the value of drainage." To be more exact he should have said, during the last year or *five*.

He does not favor salines in septicæmia, or peritonitis. He prefers opium for the relief of pain, which Pozzi insists is *bona* practice, "its chief effect being to paralyze the intestines." In this matter of drainage, opium and salines, we venture to formulate the following propositions:

Moist operations, whether due to separation of adhesions, the escape of cyst contents or hæmorrhage, must be drained for safety, and salines should be freely used.

Dry operations may be safely closed, and may safely take opiates.

When anodynes are indicated morphia hypodermatically is less likely to interfere with intestinal peristalsis than is opium.

The physical signs of acute ovaritis are less satisfactorily presented than in the first edition. The section on chronic ovaritis has been entirely re-written. The author considers imperfect menstruation its most frequent cause. In the old edition he states that long "continued endometritis may cause chronic ovaritis." In the new he writes, "this is still an open question."

In our experience the two conditions are so frequently associated that it is often difficult to determine the order of sequence.

In regard to oöphorectomy he says, "Younger subjects do not bear the loss of their ovaries well. Some become fat, indolent, inefficient and subject to headaches. Others are irritable, dyspeptic and despondent, while but few enjoy good general health and mental vigor. This statement is at variance with much of the published literature, but is more in accordance with the actual

facts." In so far as concerns the disease in the married, it has long been our belief that castration of the husband would prove more uniformly efficacious in its relief, than any treatment as yet suggested.

In the first edition, for the relief of downward dislocation of the bladder, the author approves the Jobert, Baker-Brown, Sims operation. In the second he wisely makes no allusion to it, but suggests his own operation for urethral prolapse, which we think vastly preferable. To this chapter he has added a section on hernia of the bladder, i. e., extreme Cystocele; in which he states that he has done the Stolz-Mundé purse string operation three times with an unsatisfactory issue.

Mundé, who has employed it for many years, says "It is perfectly certain in its good results."

Skene has devised, and successfully performed an ingenious transverse tuck operation, practically submucous. Page 904, under the head of Urethral Fistula the author pays a fitting tribute to Dr. T. A. Emmett by saying, "Dr. Emmet has had the largest experience with this form of fistula, and has been of all surgeons I know, the most successful in its management. I regard him as the highest authority on the subject."

Chapter fifty one, on Diseases and Injuries of the Ureter is new to this book, yet not new to the profession, it being an extract from Dr. Howard A. Kelly's paper on that subject in the transactions of the American Gynæcological Society for 1888, a year old at the date of issue of Skene's first edition.

The chapter on Ectopic Gestation is new and is perhaps as satisfactory a presentation of this important subject as ten pages will allow. The author states that in this abnormality the signs of pregnancy are present. Pozzi states that any of the usual symptoms may be absent. Skene says the cervix is open. Pozzi affirms that prior to quickening the cervix is not perceptibly changed, and that subsequently it is much less softened than in normal pregnancy, and not perceptibly dilated. Skene asserts that "when metrorrhagia exists or the decidua has been expelled, there need be no hesitancy in using the sound." Pozzi cautions, "the passage of the uterine sound should be totally prohibited, for the reason that it provokes contraction of the uterus and tubes."

The reader will require at least two cases for observation before he can safely contradict either of these authorities. As to treatment prior to rupture, Skene states, "Electricity, according to the latest reports, is the safest and surest of all forms of treatment; and notwithstanding much opposition from certain quar-

ters, I feel bound to advocate it." Believing the author to be right, we could wish he had been more explicit in his directions. He states that "some prefer the interrupted, others the continuous current." He fails to designate which electrode should be used in the vagina and which over the tumor. Pozzi states that "faradization is the only form of electricity in use at the present time," and the treatment is far from being without danger; for besides encouraging temporizing in the presence of a condition that menaces life, it is itself capable of exciting tubal contractions and causing rupture." G. Betton Massey throws an electric light on this subject in a few lines, which both of these distinguished authors would have done well to consult. He writes, "To kill the foetus is the only purpose at first. In accomplishing this, the faradic current is decidedly most appropriate, as shock and arrest of circulation are doubtless the modes of death, and these require current interruption. Interrupted galvanic currents are equally effective but are unnecessarily painful. In applying the current the sac is included between a large moist *positive* electrode placed on the abdominal surface above it and a *negative* bulb-electrode placed either in the vagina or rectum in the direction of the sac. The strength of current should not be great, otherwise violent contractions of the abdominal walls might be induced, involving the risk of rupturing the cyst. The action is lessened if the abdominal electrode is large." It is quite evident that the danger to be apprehended must come from the contraction of the abdominal muscles on the sac, and further that the negative electrode applied externally must greatly increase the risk.

This work needs but a few touches in the high lights to make it a perfect picture of the art it seeks to portray. Its distinguished author is to be congratulated on its wide spread popularity, and the demand for more. The average reader could stand somewhat smaller type, narrower margins and paper of less weight. The book might be made at least one pound lighter and be just as attractive.

THE SCIENCE AND ART OF MIDWIFERY. By WILLIAM THOMPSON LUSK, A.M., M.D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital and to the Foundling Asylum; Visiting Physician to the Emergency Hospital; Gynecologist to the Bellevue and to the St. Vincent Hospitals; Honorary Fellow of the Edinburgh and the London Obstetrical Societies; Corresponding Fellow of the Obstetrical Societies of Paris and Leipsic; Corresponding Fellow of the Paris Academy of Medicine, etc. New Edition, revised and enlarged with numerous illustrations. New York: D. Appleton & Company. 1892. Price, cloth, \$5.00, sheep, \$6.00 net.

It is with genuine pleasure that the reviewer gives his opinion

of this work As this was the text book used in the reviewer's college course it is a familiar friend. Although it has two less pages it really contains more valuable reading matter. The chapters on puerperal fever have been greatly altered; the space which in former editions was devoted to proving its septic nature is now occupied by a scientific account of its pathology. And there are added also several valuable figures and two excellent plates of microscopic sections in puerperal endometritis. Lusk raises a note of warning against the prevailing notion that the parturient woman can only be infected by the finger and through the vagina, and while employing all the modern antiseptic precautions he insists that the surrounding conditions be made hygienic, and furthermore claims that no physician should attend erysipelas, diphtheria, or scarlet fever and pursue his midwifery practice at the same time

He protests also against the disuse of the vaginal douche after ordinary confinement cases. He thinks that if given hot they are very grateful to the patient and tend to allay inflammation. The trouble he says, if any follows their use, is due to lack of thorough cleanliness.

He weaves into his text in this edition descriptions of antiseptic precautions, going into the details of washing hands, cleaning finger nails, etc.

He does not sympathize with those who decry Crede's method of delivering the placenta, he still strongly advocates its use, but with the modification of waiting ordinarily some fifteen minutes before putting the method into operation. He also is more particular than in the former editions in many other respects, advising for instance the holding of the placenta at the mouth of the vulva, if the uterus is firmly contracted and some of the membrane still within the os, until the womb relaxes a little and then it will be possible to remove the membrane entire.

He also gives directions as to how certain hindrances to labor may be remedied by postural methods. The author speaks favorably of Duhresen's packing of the uterine cavity with iodoform gauze to insure contraction. Such instances as those are samples of differences and improvements upon the former editions. Every one who has the old should obtain the new Lusk. It is an excellent thing to be thoroughly familiar with standard works, and it is fortunate in this case that the author himself is able to give us an edition abreast of anything in the English language.

The author's views as to operative interference, use of ergot, employment of anaesthesia, are well known and acquiesced in by the great majority of the profession. He is still a firm advocate

of chloroform in confinement, and thousands of women today doubtless are reaping the benefit of his teachings. There are more ponderous volumes, there are works devoted to particular branches of midwifery which give more matter than Lusk, but for a complete view of the entire field from the graafian follicles to Cæsarian section for general correctness of theory, and for good sound sense in its application, this last edition of the work forms a book which every doctor should have.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology and Otology. By Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M.D., Philadelphia, Consulting Physician for Diseases of Women to St. Agnes' Hospital, Philadelphia; Editor "Cyclopædia of Diseases of Children." J. P. Crozer Griffith, M.D., Philadelphia; Clinical Professor of Diseases of Children in the University of Pennsylvania; Professor of Clinical Medicine in the Philadelphia Polyclinic. J. Mitchell Brace, M.D., F.R.C.P., London, Eng., Physician and Lecturer on Therapeutics at the Charity Cross Hospital. David W. Finlay, M.D., F.R.C.P., Aberdeen, Scotland; Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest. January, 1892. Philadelphia: J. B. Lippincott Company. 1892. Price, cloth, \$2.75.

This, the fourth volume, finishes the first year of International Clinics, and volume four is in no respect inferior to the three preceding volumes which have already been reviewed in these columns.

The introductory pages of this number are very appropriately devoted to a brief memoir of Theodore Parkes. Of the forty-three other articles, two are from the pen of Canadian Professors, seven are written by Englishmen while the remaining thirty-four are from American sources.

Among the lectures which are here reported we notice the following: The Reduction of Temperature in Typhoid Fever, Especially by Cold Baths, by W. Gilman Thompson M.D., of New York; The Last Stage of Chronic Bright's Disease, by G. Baumgarten, M.D., of St. Louis; Catarrhal Pneumonia in Children, by F. Forchheimer, M.D., of Cincinnati; Treatment of Pulmonary Tuberculosis, by F. P. Henry, M.D., of Philadelphia; Fistula in Ano, by Joseph M. Mathews, M.D., of Louisville; Fractures of the Skull, by John Ashhurst, Jr., M.D., of Philadelphia; Removal of the Uterine Appendages, by F. H. Champneys, M.D., of London, Eng.; Cancer of the Womb, by Wm. Goodell, M.D., of Philadelphia; Insanity, by Edward D. Fisher, of New York; Clinical Aspects of Chorea, by Landon Carter Gray, M.D., of New York; Migraine, by Graeme M. Hammond, M.D., of New York; Ataxia, by J. T. Eskridge, M.D., of Philadelphia; Reflexes of the Brain and Spinal Cord, by D. R. Brower, M.D., of Chicago; Aphasia,

by Morris J. Lewis, M.D., Philadelphia; Injuries of the Eye, by Flemming Carrow, M.D., of Ann Arbor; Deafness, Tinnitus Aurium and Vertigo in Chronic Catarrh of the Middle Ear; Treatment by Excision of the Membrane Tympani and the two Larger Ossicles, by Chas. H. Burnett, M.D., of Philadelphia; The Present Aspect of the Leprosy Question, by Arthur Van Harlingen, M.D., of Philadelphia.

From this list our readers will observe that the whole field of medicine is taken into account, and each lecture is by a specialist in his line, and these specialists are chosen from all portions of the English speaking world.

These books, during their first year, have demonstrated their usefulness, and if the standard of excellence is maintained in succeeding issues, the success of the INTERNATIONAL CLINICS is assured.

ESSENTIALS OF DIAGNOSIS. SAUNDER'S QUESTION COM-

PENDS, NO. 17, arranged in the form of questions and answers, prepared especially for students of medicine. By SOLOMON SOLIS-COHEN, M.D., Professor of Clinical Medicine and Applied Therapeutics, in the Philadelphia Polyclinic; One of the Physicians to the Philadelphia Hospital, etc., and AUGUSTUS A. ESHNER, M.D., Instructor in Clinical Medicine in Jefferson Medical College and in the Philadelphia Polyclinic Registrar in the Neurological Department of the Philadelphia Hospital, etc. With fifty-five illustrations, some of which are colored, and a frontispiece. Philadelphia: W. B. Saunders, 913 Walnut street, 1892. Price, \$1.50 net.

The author states in the preface that this book is intended to meet a popular demand, and being written especially for students, everything has been sacrificed to accuracy and brevity. The book is intended to direct the student what to look for at the bedside, and warn him against probable errors, but diagnosis itself must be studied from the patients.

An examination of the pages of the work reveals that the symptoms of the different diseases have been briefly but accurately portrayed.

In describing the method of cover glass staining for tubercle bacilli, he says, "The process may be accomplished in fifteen minutes." It is quite possible to stain them in one-third of this time. In differentiating between cholera morbus and Asiatic cholera, the detection of the comma bacillus in feces or vomit is the distinguishing condition, but no method of finding the bacillus is given. The book is to be commended.

E. L. FISH, M.D., West Valley, N. Y., says: I can heartily endorse Aletris Cordial after giving it a fair trial. Mrs. F—, aged 37, mother of two children, during last seven years has miscarried three times. Has lateral curvature of spine, and never robust. Began in last gestation, at four months, to give Aletris

Cordial, three-fourth teaspoonful three times a day, and increased to one teaspoonful. She has used four and one-half bottles, and is now within four or five days of full term. Her general health has been much improved, appetite good, no vomiting, bowels in good condition, and kidneys acting well. I am exceedingly well pleased with the action of the remedy, as is also my patient. I have also used Aletris Cordial in ovarian neuralgia, with tip-top results. I have used it in one case of miscarriage at three months, in which the catamenia almost amounted to flooding, confining the patient to bed for six or eight days at a time. In this case I prescribed:

R. Aletris Cordial 3 8
 Ergot, Fl. Ext 3 2
 M. Sig. Teaspoonful three or four times a day.

This acted promptly, and the next period was passed in comparative comfort.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Will hold its Eighteenth Annual Session at Cincinnati, Wednesday, Thursday and Friday, October 12, 13 and 14, 1892. The program is a valuable one, containing many of the most prominent names in the profession our country affords. It covers every department in medicine. The attendance will be unusually large, as Cincinnati is the center of population of the United States. Not only the scientific, but also the social part of the meeting will be of the highest order. The interest of the Convention will be augmented by the meeting of the gentlemen interested in the Pan-American Medical Congress, also other bodies of medical men. Dr. Benjamin Ward Richardson has written his earnest desire to be present. The Association will be just in time and just in line for many of the gentlemen enroute for the American Public Health Association in the City of Mexico. Among the many prominent gentlemen who are expected to read are the following: Dr. Hunter McGuire, Richmond, Va., President of the American Medical Association. The address on Surgery. Dr. Hobart Amory Hare, Professor of Materia Medica, Jefferson Medical College, Philadelphia. The address on Medicine.

C. A. L. REED, M.D., President, Cincinnati.

E. S. McKEE, M.D., Secretary, Cincinnati.

DOCTOR, are you acquainted, by practical experience, with the success of the hypophosphites of lime and soda (Churchill's treatment), in consumption? Read the excellent article, "New and Old Cures for Consumption," on second page of cover of this issue.

THIRTY-FIRST ANNUAL REPORT OF THE CINCINNATI HOSPITAL, to the Mayor of Cincinnati, for the Fiscal Year Ending December 31, 1891. T. E. H. McLean, Superintendent.

THE IMPORTANCE OF UNDERSTANDING THE FUNCTION OF THE LEVATOR ANI MUSCLE IN THE TREATMENT OF INJURIES OF THE FLOOR OF THE VAGINA. By Horace Tracy Hanks, M.D., New York. Reprint from Transactions of the Medical Society of the State of New York, 1891.

MY RECENT EXPERIENCE IN OPERATING FOR THE LACERATIONS OF THE PERINEUM INVOLVING THE SPHINCTER ANI, with a description of my method of flap-splitting. By Horace Tracy Hanks, M.D., New York. Reprint from Volume XV Gynecological Transactions 1890.

RULES TO BE FOLLOWED IN THE EFFORT TO PREVENT MURAL ABSCESSSES, ABDOMINAL SINUSES AND VENTRAL HERNIAE AFTER LAPAROTOMY. By Horace Tracy Hanks, M.D., New York. Reprint from Volume XVI Gynecological Transactions, 1891.

THE DIAGNOSIS AND TREATMENT OF INTESTINAL OBSTRUCTION, AND THE MANAGEMENT OF GREATLY DISTENDED INTESTINES DURING LAPAROTOMY. By Horace Tracy Hanks, M.D., New York. Reprint from the American Journal of Obstetrics, Volume XXIV, No. 4, 1891.

COLLEGE OF PHYSICIANS AND SURGEONS OF CHICAGO, First Decennial Catalogue, 1881-1891, and the Announcement for 1892-93.

GASTROSTOMY. By N. Senn, M.D., Ph.D., Chicago. Professor of Practice of Surgery and Clinical Surgery in Rush Medical College; Attending Physician Presbyterian Hospital; Surgeon-in-charge St. Joseph's Hospital. Reprint from The Chicago Medical Recorder, January, 1892.

COLLEGE OF DENTISTRY OF THE UNIVERSITY OF CALIFORNIA. Eleventh Session, commencing June 6, 1892, and ending February 25, 1893.

TOBACCO, INSANITY AND NERVOUSNESS. By Dr. L. Bremer, late Physician to the St. Vincent's Institution for the Insane, of St. Louis, Mo. Price, 15 cents.

APHASIA DUE TO SUB-DURAL HEMORRHAGE WITHOUT EXTERNAL SIGNS OF INJURY; OPERATION; RECOVERY. By L. Bremer, M.D., and N. B. Carson, M.D., of St. Louis. From The American Journal of the Medical Sciences, February, 1892.

THE NEW LAKE IN THE DESERT: Its Apparent and Expected Effect upon the Climate of San Diego and San Bernardino Counties, California By Wm. A. Edwards, M.D., San Diego; Fellow of the College of Physicians of Philadelphia; formerly Instructor in Clinical Medicine. University of Pennsylvania. Reprint from The Climatologist, February, 1892.

LAPAROTOMY UNDER COCAINE. By Emory Lanphear, M.D., Ph.D., Kansas City, Mo. Reported to Academy of Medicine, March 12, 1892.

IDEALITY OF MEDICAL SCIENCE. The Evil Events of the Profession and an Available Device for its Reformation. By Maurice J. Burstein, A.M., M.D., New York City. From The Doctors' Weekly, February 6, 1892. 1422 Folsom street.

FOURTEENTH ANNUAL ANNOUNCEMENT OF THE CALIFORNIA MEDICAL COLLEGE, San Francisco, Cal., Session of 1892. The regular term commencing Monday, June 6, and continues six months. 1422 Folsom street.

LA GRIPPE. By Walter P. Ellis, M.D., Livermore, Ky. Reprint from The Therapeutic Gazette, December 15, 1892.

THE INDICATIONS FOR COLOTOMY. By Charles B. Kelsey, M.D., Professor of Diseases of the Rectum, New York Post-Graduate Medical School and Hospital. Reprint from The Therapeutic Gazette, January 15, 1892.

TENOTOMY BY OPEN AND SUBCUTANEOUS INCISION. Tubercular Synovitis and Osteitis of Shoulder. By H. Augustus Wilson, M.D., Clinical Lecturer on Orthopaedic Surgery in the Jefferson Medical College. Reprint from The Therapeutic Gazette, February 15, 1892.

CLINICAL LECTURE: Tenotomy by Open Incision for Talipes Equinus; Torticollis from Rheumatoid Arthritis; Subcutaneous Tenotomy of Sterno-Cleido-Mastoid for Torticollis. By H. Augustus Wilson, M.D., Philadelphia, Pa. Reprint from the American Lancet, February, 1892.

THE PATHOLOGY OF HIP-JOINT DISEASE. With illustrative cases. By H. Augustus Wilson, M.D., Philadelphia, Pa.

CATALOGUE. BULLETIN OF THE HARVARD MEDICAL SCHOOL ASSOCIATION, NUMBER 2. Boston, 1892.

METEOROLOGICAL SUMMARY.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of August, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	76	89	62	0	<i>Mean Barometer, 29.92.</i> Highest barometer, 30.04, date 30. Lowest barometer, 29.81, date 17. <i>Mean Temperature, 73°.</i>
2	74	87	60	0	
3	76	89	60	0	
4	78	92	65	0	MONTHLY RANGE OF BAROMETER: Highest temperature 94°, date 16. Lowest temperature 51°, date 11. Greatest daily range of temperature 32°, date 14. Least daily range of temperature 13°, date 22.
5	74	84	63	0	
6	71	81	61	0	
7	70	78	62	T	MEAN TEMPERATURE FOR THIS MONTH IN
8	68	76	61	.01	
9	68	76	61	0	
10	66	74	59	0	1877.....70° 1882.....71° 1887.....68°
11	64	76	53	0	1878.....69 1883.....70 1888.....68
12	67	80	54	0	1879.....70 1884.....71 1889.....72
13	70	85	54	0	1880.....66 1885.....73 1890.....73
14	73	89	57	0	1881.....69 1886.....72 1891.....75
15	76	89	62	0	Mean temperature for this month for 14 years, 73°
16	78	94	62	0	Total deficiency in temp. during the month, 37°
17	78	90	67	0	Total deficiency in temperature since Jan. 1, 327°
18	78	90	65	0	Prevailing direction of wind, W.
19	76	86	65	0	Total movement of wind, 2437 miles.
20	71	81	61	0	Maximum velocity of wind, direction, and date, 13, S. W., 10.
21	74	84	63	0	<i>Total Precipitation, .01 inch.</i>
22	72	78	65	0	Number of days on which .01 inch or more of precipitation fell, one.
23	71	79	63	0	TOTAL PRECIPITATION FOR THIS MONTH IN
24	70	79	60	0	
25	70	80	60	0	
26	69	77	61	0	1878..... .00 1883..... .00 1888..... .10
27	68	77	59	0	1879..... .00 1884..... .02 1889..... .61
28	69	78	60	0	1880..... T 1885..... T 1890..... .03
29	68	76	60	0	1881..... T 1886..... .21 1891..... .00
30	68	78	39	0	1882..... .00 1887..... T 1892..... .01
31	70	81	90	T	Average precip'n for this month for 14 years, .05.

NOTE—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., AUG., 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles	72.0	91.0	53.0	29.92	74.0	1	.01	12	19	0	W	2,437
San Diego	67.8	80.0	57.0	29.93	78.0	2	.05	14	10	7	W.S	3,628
Santa Barbara	66.3	88.0	50.0		76.0	0	.05	17	8	6	W	2,921
Yuma,	90.0	114.0	66.0	29.79	43.0	1	.02	20	2	0	S	5,050
Riverside												

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; O. J. Stacy, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

August, 1892.

CAUSE OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....		82	15.14	52	30	23	6	28	15	79	.....	3
Deaths under 5 years.....		21	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
CLASSES.	I. Zymotic diseases.....	9	1.66	.....	.....	.....	.....	.....	.....	.....	.....	.....
	II. Constitutional diseases.....	18	3.32	.....	.....	.....	.....	.....	.....	.....	.....	.....
	III. Local diseases.....	41	7.57	.....	.....	.....	.....	.....	.....	.....	.....	.....
	IV. Developmental diseases.....	7	1.30	.....	.....	.....	.....	.....	.....	.....	.....	.....
	V. Accident and violence.....	3	.55	.....	.....	.....	.....	.....	.....	.....	.....	.....
I.	Typhoid fever.....	1	.....	1	.....	.....	.....	.....	1	1	.....	.....
	Typho-malarial fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Diphtheria.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Measles.....	1	.....	1	.....	1	.....	.....	.....	1	.....	.....
	Scarlet fever.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Smallpox.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Whooping cough.....	1	.....	1	.....	.....	.....	.....	.....	1	.....	.....
	Croup.....	1	.....	.....	1	1	.....	.....	.....	.....	.....	.....
	Pyæmia.....	1	.....	1	.....	.....	.....	.....	1	1	.....	1
	Septicæmia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Diarrhœal.....	4	.....	4	.....	4	.....	.....	.....	4	.....	.....
	Diseases.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Under 5 years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Over 5 years.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	II.	Cancer.....	3	2	1	1	2	3
Scrophula and Tabes-mesenterica.....		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III.	Phthisis pulmon lis.....	14	.....	10	4	1	2	5	6	13	.....	2
	Tubercular meningitis.....	1	.....	.....	1	1	.....	.....	.....	1	.....	.....
	Meningitis.....	7	.....	4	3	3	.....	4	.....	7	.....	.....
	Apoplexy.....	5	.....	3	2	.....	1	2	2	5	.....	.....
	Convulsions.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Diseases of nervous system.....	3	.....	1	2	2	1	.....	.....	3	.....	.....
	Diseases of heart.....	8	.....	6	2	2	.....	3	3	8	.....	.....
	Aneurism.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Bronchitis.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Pneumonia.....	1	.....	1	.....	1	.....	.....	.....	1	.....	.....
IV.	Diseases of respiratory system.....	4	.....	3	1	.....	.....	3	1	4	.....	.....
	Bright's disease.....	5	.....	5	.....	1	.....	2	2	5	.....	.....
	Enteritis, gastritis, peritonitis.....	6	.....	1	5	1	1	3	1	6	.....	.....
	Diseases of liver.....	2	.....	1	1	.....	.....	.....	2	2	.....	.....
	Diseases of urinary organs.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Puerperal diseases.....	1	.....	.....	1	.....	.....	1	.....	1	.....	.....
	Inanition and marasmus.....	5	.....	2	3	4	.....	1	.....	5	.....	.....
	General debility and asthenia.....	1	.....	.....	.....	.....	.....	1	.....	1	.....	.....
	Dentition.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	V.	Suicide.....	1	1	1	1
Accident and violence.....		2	.....	2	.....	.....	.....	1	1	2	.....	.....

Deaths from causes not enumerated in the above list: Gangrene of Lung 1; Abdominal Tumor, 1; Strangulated Hernia, 1; Ovarian Tumor, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

CATABRRHAL AFFECTIONS.—An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows:

R. Acidi Boracici.....3 i
 Sodii Borat.....3 i
 Sodii Chloridi.....3 ss
 Listerine.....3 ii
 Aquæ Puræ.....3 vi

M.

Our Advertisers.

PIPERAZINE: URIC ACID SOLVENT.—A recent communication on Piperazine, by Dr. Biesenthal in the *Berlin Klinische Wochenschrift* contains a very favorable report on this remedy, from which the following information is gleaned. The non-corrosive and non-poisonous action of the strong base is remarked, and confirmatory evidence given not only of the extraordinary solvent action of Piperazine on uric acid, but also of its capability of dissolving the organic cementing substances that bind the uric acid concretions together. On internal administration Piperazine, which is not decomposed in the human system, first saturates the uric acid still dissolved in the organism, and the remainder, dissolved in the alkaline blood, attacks any deposits of uric acid, dissolving both acid and cement, and carrying the former out of the system in the form of the easily soluble neutral urate of Piperazine.

As a result of the solvent action of Piperazine upon the organic cementing material of concretions, it has occurred many times in the experience of Dr. Biesenthal that concretions composed almost entirely of calcium phosphate and uric acid, were disintegrated by this remedy. The Piperazine dissolved the combining material that held together the particles of calcium salt, and consequently loosened the whole mass so that the concretion became friable and readily broken up. On account of this property of Piperazine, attacking and disintegrating concretions composed largely of phosphate of lime, it is further a special advantage that the base does not communicate an alkaline character to the urine, as by its use there is no danger of the formation of deposits of phosphates. For the same reason the combined treatment of sufferers from uric acid diathesis with such large doses of alkaline carbonates, as for instance, administered in Vichy, Eau de Vals or Wiesbaden gout water, is extremely questionable, and may produce more harm than good. The formation of vesical stones from urine containing much phosphate of lime in solution at the temperature of the body, must be enormously increased by the regular administration of large quantities of strongly alkaline mineral water, since the phosphoric acid will be neutralized and the phosphate of lime precipitated, giving rise to fresh deposits of vesical calculi. The continuance of the mineral water treatment frequently accounts, it is thought, for the difference in chemical composition between the renal and vesical calculi, the former generally consisting principally of urates, the latter of phosphates and oxalates. This theory finds confirmation in the

examination of many urine concrements, a very instructive specimen of which was recently described, by Dr. Israel, as consisting of a small uric acid nucleus, around which phosphate of lime had accumulated to form a mass of considerable proportions. The patient from whom it was removed had partaken of the Obersalz spring for a considerable time, which contains considerable quantities of alkaline carbonates. Thus the physician should consider the danger of the alkaline treatment, and at least limit the use of alkaline waters and combine the piperazine treatment.

Besides forty-seven recent cases in his own practice, Dr. Biesenthal has collected 220 cases from colleagues, in which Piperazine has been employed with great success. All the observers agree that Piperazine is a very safe remedy in fresh cases of gout, and that even in chronic gout its action very seldom fails, since, especially by regular continued use of the preparation, even in small doses (two to three grammes weekly) it exercises a certain prophylactic action. Piperazine has also proved valuable in all cases of renal colic, and also in numerous hemorrhages of the urine passages. The scope of action for Piperazine appears to be capable of great extension, especially in the direction of diseases in which increased uric acid secretion is observed, as for instance in leucaemia, in which an absolute increase in uric acid has been determined by Fleischer and Petzoldt, and favorable results obtained with Piperazine by Professor Mosler. Also its use in chlorosis is indicated by the investigations of Bartel, and it seems worthy of a trial in croupous pneumonia, emphysema of the lungs, degeneration of the heart, and oedema. The results obtained up to the present are at any rate sufficient to show that the treatment with Piperazine is not confined to its solvent action on uric acid in the urine, but also on deposits of uric acid in different parts of the body, and the neutralization of free acid in the joints and tissues.—For a monograph with clinical reports on Piperazine, write to LEHN & FINK, 128 William street, New York. When writing, please mention this paper.

OVER-PRESSURE IN CHILDREN CAUSING BRAIN MISCHIEF.—The following cases show the inadvisability of attempting to force children forward in schools without sufficiently considering their different individual capacity for learning.

It is, I am afraid, much too common a cause of children's ailments nowadays, and has not been quite enough considered, I think, by parents and teachers. In the ordinary Board School, as at present constituted, every child in each standard must be pushed on, *pari passu*, with all the others, so as to get all, if possible, passed at the examination next ensuing into the standard

above. In the first case here noted, the fault, *fons et origo mali*, was with the parents in sending a young child to school at all, but as both parents were factory workers, and there was only a slightly older boy besides, the child went to school with him.

Both cases were very similar in the outset, but the first was the most severe, and in both I thought at first the illness was enteric fever, the more so as being next door neighbors and residing on the banks of the river, which is very foul and much polluted, and on Sundays, when the water is low great banks of festering abominations are exposed.

Case 1. Alf C, a sharp and more than usually intelligent little boy, of only four years and eight months, was seized on April 3, at breakfast time, with sickness and pain in the head. He had been attending school for six months, and being naturally quick, as I have said, he had been encouraged to learn and had already reached the final class in the infant department, and would have been put into the general school but for his age, which forbade it.

When I saw him at 11 a.m., he was in bed, slightly flushed, head very hot, and temperature 99.2°. Tongue rather foul. Complains of pain in the head, and avoids light. No further vomiting since breakfast. Gave him a mixture of potass. citrat and tinct. aconiti and calomel, gr. j., with sugar.

April 4. Passed a bad night, rambling and talking about school. Tongue rather cleaner. Temperature 99.4°. Milk diet. To continue mixture. Night temperature same as morning. Added k. br. gr. ij, a dose to medicine.

5th. Night passed much the same as last. Lies very quiet and still, but easily aroused, and then quite conscious. Temperature 100.2°. Thirsty. Tongue furred, but moist. No pain in abdomen. Stool natural. Ordered antipyrin, grs. v., every three hours. Temperature at night, 100°. Been delirious all afternoon. Ordered ice-bladder to head.

6th. Rather better this morning. No diarrhea. No spots on abdomen. Head, however, very hot, mother having taken off ice-bag at 4 a.m., as child slept. To be replaced. To have five mins. bromidia (Battle) every two hours. Temperature, 100.2°; night temperature same.

7th. Much better. Fairly good night. Slept four hours; 12, midnight, to 4 a.m. Playing with toys on bed when I saw him. Temperature, 99.2°. Tongue cleaner. To continue bromidia mixture.

8th. Not quite so well. Ice-bag again neglected, to my vexation. To be continued, as also mixture.

9th. Much better. Sitting up playing. Temperature 99°. Ice-bag discontinued. Same mixture.

10th. Improving fast. Not much appetite. Quin., gr. $\frac{1}{2}$, t.d.s.

11th. Up and dressed. Still improving. No headache or pain. Temperature normal. With the exception of a slight cough all well until the 14th, when I discontinued visiting.

The good effect of the ice and bromidia was very quickly apparent in this case, as also in the next.

Case 2. Jno. B., a strong, sturdy, rough lad of just over seven years of age, was a contrast to A. C., in that he was anything but fond of lessons, and rather dull in all except drawing, in which he excelled.

He had failed last year in the examination, and in consequence his teacher had been urgent as to the necessity of his passing this time, and had been, perhaps, rather too sharp on the lad.

Just a fortnight before the examination, on April 21, he was seized, also at breakfast time, with vomiting and pain in the head.

When I saw him in the forenoon he was lying on a bed-chair, very drowsy, and resenting being roused. Had vomited every few minutes since breakfast, at which he had only drunk a cupful of coffee. Head very hot. Pupils contracted; buries his face in the pillow. Temperature 100°.

Ordered cold water cloths to head until ice-bladder could be got, and a potass. citrat. mixture.

April 22. Sickness relieved. No delirium, but wanders when roused, and talks of his play. Ice to head. Bromidia, m. v., every two hours. Night much the same. Temperature, 100°.

23d. Much better. More easily roused, and sensible, though when left to himself lies quiet for hours. Temperature, 99°. To continue bromidia and ice.

24th. Better. Sitting up in bed with his drawing-book. No dullness or drowsiness. Complains of no pain at all. Appetite not good. Quin., gr. $\frac{1}{2}$, t. d. s.

25th. Appetite improved. No bad symptoms. Temperature normal. Playing about the bed room.

26th. Ceased visiting. Boy going on well.

It seems curious to me that two lads of such opposite temperaments should be so similarly attacked. One sharp and intelligent, though very young and not compelled to learn; the other older and duller, probably harassed by his teacher, and yet both develop almost the same symptoms. I may say that the younger child, a fortnight after I ceased seeing him, had a regular hysterical fit because his mother would not allow him to go to school with his

brother, and was in a state of collapse, cold and pale, for two or three hours after.

The rapid improvement under the ice and bromidia treatment was very gratifying, and I have found bromidia especially useful in such cases, and a very reliable hypnotic whenever I have required to prescribe such a medicine.—The Hospital Gazette.

1, Dane street, Rochdale.

REPLY TO "ENLARGED PROSTATE A MYTH."—I notice in the April number (Medical World), page 131, an article by J. C. Campbell, M.D., speaking rather disparagingly of the attention given to the subject of enlarged prostate and exhorting physicians to pay more attention to "contractions and soreness of the urethra." I do not think there can be too much attention given to that most distressing and often fatal disease of the prostate gland and appendages; two fatal cases having come under my observation within a year, reminding me most forcibly of what may eventually be the means of my "taking off." It is true that, whereas I was once "young, but now am old" (nearly eighty), yet never have I suffered my urethra to be impaired by the means he would have us believe. I am convinced that this affliction, diseased prostate, is much more prevalent than he would intimate, if I may judge from the inquiries from physicians that my article on the subject (January, 1891) called forth, no less than fifteen having written of their own cases. If the people throughout the country are afflicted in the same proportion, there must be a great many suffering with it.

The "urethral contractions and soreness" he advises us to examine, are very simple ailments and easily treated compared with a real enlarged prostate, a fact that I think he would duly appreciate if he happened to be a subject of that "*enlarged prostate rut*" he speaks of.

Now, Mr. Editor, it may appear egotistic in me to further encroach on your space or patience, in reference to my own case, but as I have already given your readers something of my experience up to January 1891, I venture to obtrude still further though the subject may be hackneyed. In that article (January, 1891), I brought saw palmetto into notice, as having helped me more than anything else I had ever tried, and felt very hopeful of its lasting effect, and can now say that its action on the gland has been effective in preventing further enlargement but it failed to relieve, except temporarily, irritation of the neck of the bladder and prostatic portion of the urethra; so I had to use the catheter occasionally.

Some four months ago my attention was called to a new remedy

called "sanmetto," composed of saw palmetto and santal. As a drowning man will "grasp at straws," so I grasped at a bottle of the remedy, and have been using it for about three months, with great relief, for I have no use for the catheter now and the deposit of mucus, instead of being an inch or more thick in a quinine bottle of urine, as formerly, is now nearly *nil*, and no pain or irritation in urinating. I think the combination of saw palmetto and santal is a happy idea—the former acting on the gland and the latter on the mucous membrane of the bladder and urethra.

It may lose its effect, as other things have, but it commends itself to my judgment as covering the pathological conditions better than any other remedy I have tried. For the benefit of those who have written me on the subject, I can say it is pleasant to take the dose, a teaspoonful about three times a day.

H. KNAPP, M.D., in *July Medical World*.

Lathrop, Cal.

ROSVILLE, Staten Island; May 17, 1892.

I reiterate my assertions made nearly a year ago, and am daily prescribing Antikamnia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results. I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence. Truly,

CALEB LYON, M.D.

AN IMMENSE CONCERN.—MAGNITUDE OF THE PLANT AND PRODUCT OF THE CUDAHY PACKING CO. RECENT ADDITIONS AND IMPROVEMENTS.—The Cudahy Packing Co., an incorporation, is located at South Omaha, Neb. Michael Cudahy is the president, E. A. Cudahy, vice-president and general manager. The office staff consists of about ninety-five men, divided into departments, twenty-five in number, as follows: Provision, South and East, West, and Jobbing; Fresh Meat, Foreign, Butterine, Chemical and Pharmaceutical, Traffic, Shipping, Pay Master, Store Keeping, Electrical, Telegraphic, Credit, Auditor's, Cashier's, Book-keeping, Billing, Consignment and Mailing. Each of these departments has its manager.

The Company has branch houses at Jacksonville, Fla.; Los Angeles, Cal.; Brooklyn, N. Y.; Nashua, N. H.; Lincoln, Neb.; Omaha, Neb.; Providence, R. I.; Seattle, Wash.; New Orleans, La.; Minneapolis, Minn.; St. Louis, Mo.; three in Chicago, Ill., and three in New York City.

The plant covers some twenty-three and one-half acres. There

are rooms for beef killing and cutting, hog killing and cutting, ham smoking, lard refining, beef canning, oleo oils, butterine, box factory, pepsin, beef extract, fertilizing, machinery, car repairing, tin shop, sausage, cooperage, bone and horn. The total floor acreage in building is over seventy-five acres; total cold storage, over fifteen acres.

During the year ending July 1, 1892, there were killed 618,184 hogs, 121,982 cattle, and 14,778 sheep. The value of the products for the same period is about \$16,000,000. The company employ about three thousand men. They own and operate 500 refrigerator cars for the shipment of dressed beef, and fifty tank cars for the shipment of lard and oils. About 1,300 loaded cars are shipped from the works each month.

The packing house is fitted throughout with electrical fire alarm connected with the Omaha and South Omaha fire departments, and has a professional chief and ten assistants. The company run a restaurant for the convenience of their employes, with a capacity of serving 150 at one time. They also have a retail meat market for the convenience of their employes as well as for outsiders, and do an exceedingly flourishing business.

In the manufacture of boxes and tins, in which lard, meats, etc., are packed, there are about 50,000 boxes of tin used per annum at a value of over \$350,000.

The company carry stock in all the larger cities of the Union, aggregating in value over \$1,000,000, besides a heavy stock of export product in New York City.

Within the past twelve months extensive improvements have taken place in the works, and there has been added a plant for the production of pepsin and other digestive ferments; also beef extract. The capacity of the beef extract department is about 200,000 pounds per annum; the capacity of the pepsin department is about 30,000 pounds per annum. There is being turned out in the butterine department, about twenty thousand pounds per day. There has also been added a hide cellar and storage warehouse, beef slaughter house, and chill rooms, boiler and engine house, tin shop, machine shop, fertilizing building, car repair shop, and blacksmith shop, besides numerous additions to old buildings, total costing about \$250,000. Other extensive improvements are contemplated or are in hand.

The total distributive sales last year, exclusive of Board of Trade transactions, were over \$18,500,000.—Northwest Trade.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, OCTOBER, 1892.

No. 10

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Original.

ASIATIC CHOLERA.

ITS HISTORY--CLIMATIC INFLUENCES--CAN IT BE STAMPED OUT?

BY W. W. HITCHCOCK, M.D., LOS ANGELES, CAL.

It has been said that "in the time of peace prepare for war." This being true of nations and advice worthy of recognition why can it not with equal importance be said in time of health prepare for pestilence and the plague.

That there has been negligence in this regard no more forcible illustration need be cited than that which is just at this time being experienced on the Atlantic Coast. Notwithstanding the well-known fact that cholera has been known in India from time immemorial and is seldom absent there, reappearing in adjacent countries at irregular intervals, the same carelessness and apathy persists in regard to its importation, as in former times. It seems strange that the people, more especially those who have to do with legislation, should not make more provisions against the introduction of cholera and establish more rigid quarantine measures for the prevention of the ingress of infectious and contagious diseases; as the fact has long since been established beyond doubt that the only way cholera is admitted, is by transportation by persons or their effects. Until the people are educated to the fact that there is more in prevention than in cure and the physicians persevere in the same line, we will expect again to hear of another Fire Island episode, which is a disgrace to any civilized country. That there is a strong probability of cholera making its appearance in this country forms no exception to rule as the history of previous epidemics of the disease clearly shows. Since

the days of Hippocrates, medical men residing in various parts of Europe have described a disease which they called cholera. The nosology of the disease was hardly a matter of doubt with them and it is only in modern times that the question has arisen as to whether the cholera annually met with among us is identical in its nature with Asiatic cholera. Doubtless if we compare isolated cases we may find that the symptoms that these affections induce are very similar ; but those who have lived beyond the endemic area of Asiatic cholera and watch the disease spread from India over Europe and America can scarcely mistake this malignant malady for simple cholera. Asiatic cholera was unknown in Europe before the year 1829-30 and the first account that I am able to find of its spreading over the whole of Hindustan was in 1817, at which time Great Britain began to bind heterogeneous principalities into a common union and thus render it possible for history to gather authentic details regarding the disease and its spread from one province to another. The increased facilities of communication that have been established between India and Persia and Arabia, also Hindustan to Russia and the shores of the Mediterranean, account for the most part for the rapid spread of the disease ; for, whereas, forty years ago the passage from Bombay up the Arabian and Persian Gulfs could only be undertaken at certain seasons of the year when winds were favorable, at the present time large steamers run every week from Bombay to Bas-sarah and the intermediate ports along the Persian Gulf while others pass with equal rapidity to various towns bordering the Red Sea.

Let us now glance at the chronological order of some of the principal outbursts of the disease which have been disseminated from British India over the world.

In 1817 cholera spread rapidly throughout Bengal, extending during the following year over the greater part of Hindustan and from thence to Ceylon, Burmah and China. The disease was communicated from Bombay via the Persian Gulf in 1820-21 and traveled northward.

In 1826 it again appeared over Bengal and passing through the Punjab it entered Cabal in 1828 and extended to Persia and so to Russia during the years 1829-30 and over the whole of Europe and the greater part of America.

In 1840-41 cholera accompanied a British force dispatched from Calcutta to China ; it broke out among the troops during the voyage to that country, spread among the Chinese and Burmese empires. From Afghanistan the disease extended south into Sindh and westward in 1845-46 through Persia to Russia and

Europe, reaching America in 1848 to again reappear in America in 1849-51 with frightful virulence.

It again followed the same avenues of extension the fourth time to America in 1864-65.

The minute history of these epidemics point to a similarity in their advent, being remarkably virulent and suddenly affecting a considerable number of people within a few days after its appearance. It is also noticeable that the malady invariably died out from among the inhabitants of a country under its influence during the cold seasons of the year to reappear on the approach of summer. Also that the disease was most deadly during the first year, decreasing in virulence the second season, and gradually disappearing, seldom prevailing in any locality more than three consecutive years.

The more we study the history of Asiatic cholera the better we understand that every outburst of the disease which has occurred beyond the confines of India might invariably be traced back through a series of cases to that country. The disease has never, as far as I am able to trace its history, broken out spontaneously in any other part of the world.

Having now briefly traced the history of this disease, let us consider for a moment the possibility of the pro. and con. climatic influence like that of Southern California. The question that first naturally arises would be: "Is this particular locality favorable to the preservation and propagation of the micro-organisms shown by Koch to be the characteristic accompaniment of cholera infection? Or is there some peculiar feature in this favored clime that through its natural influence would favor the destruction of the comma bacilli? Reasoning from the etiology of the disease (which we will not enter into here) does climate have any effect whatever upon the nature of the disease? Or again, if it is transplanted in our midst, does it lie within the power of scientific knowledge to be able to stamp it out?"

In regard to the first three questions propounded above I will say from what I have been able to glean from the literature on this particular point no influence whatever can be had by climate except the extreme cold of winter, which we do not have in this locality. No amount of filth, bad food or climatic influences have up to the present time induced an epidemic of Asiatic cholera. The disease has never broken out spontaneously in any part of the world unless it be in India.

From the fact that Southern California has neither the extreme heat nor cold, it would at first glance seem a most favorable receptacle for the continuance and spread of the disease. But when we

take into consideration the long-continued heat of summer, the continued sunshine pouring forth its disinfecting rays, with the temperature in winter reaching the zero point—sufficiently frequent to purify and render sterile organic decomposing matter, we may well pause and consider that it is favorable to limitation and control of the disease.

I have heard it said that the disease has never been brought across the Rocky mountains. The truth of this assertion I can neither affirm nor deny.

As far as I am able to learn it has never made its appearance in this city. The last epidemic appearing in 1866, at a time when commercial intercourse was at a very low ebb, there being no trans-continental railroad connecting East and little or no shipping to our shores, rightfully may account for this.

From what I have stated above in reference to filth not being capable of spontaneously causing an outbreak of cholera, I do not wish to be understood as ignoring the danger of unsanitary surroundings favoring the susceptibility to cholera. For it will be with this as with all preceding epidemics of cholera, that those localities are first invaded which are low-lying, ill drained and over crowded by illy fed and poorly clad people.

If introduced in a locality can it be stamped out? Most assuredly yes.

This has been demonstrated over and over again. And in reference to this fact I can not do better than to cite briefly some of those well grounded measures. While cholera is the most fatal disease, its mortality being in round numbers in previous epidemics about 50 per cent, withal it is one of the most preventable of diseases. For the proof of the correctness of this statement it is only necessary to refer to the reports of the Metropolitan Board of Health of the City of New York for the years 1866-67.

In 1866 more than a thousand cases of cholera occurred in various localities more or less widely separated in that city. The measures adopted by the Board of Health were complete. A well appointed disinfecting corps was organized and at instant call day and night, provided with every requisite and the means of transportation without delay. The result is contained in the following quotation from the report of the Registrar of Vital Statistics, Dr. Elisha Harris:

“In three hundred and sixty-two houses where individual persons or families were smitten by cholera, but which were promptly brought under full sanitary control by disinfection and local purification, the pestilence did not extend beyond the family in which the first case occurred.”

Conceding that the fatality of cholera in Asia, India and Africa, in the over crowded dirty cities of Europe, and in the filth-ridden slums of American cities, has been enormous; that the death rate in hospitals has been 60 per cent; that the average death rate in all classes has been about 50 per cent. Yet the death rate in private practice among sound people with fair sanitary environments has not exceeded ten or at the most twelve per cent. And I will venture to predict that, supposing the population of Los Angeles to be 65,000 and the cholera to make its appearance here during the ensuing fall and winter, there will be less than sixty cases of cholera and not to exceed seven deaths. Surely this is not a prophesy to fill us with despair nor a picture to excite alarm, as compared with that of diphtheria and many other diseases always more or less in our midst, showing a much higher percentage of mortality.

It should, however, have the virtue of an admonition to induce us to the most intelligent and earnest activity to put our persons, our homes and our surroundings in the best hygienic, and, therefore, the most comma bacillus resisting and safest condition.

In closing these few remarks I have purposely omitted symptomatology, pathology, etiology and treatment, with the desire that they will be fully discussed.

220½ S. Spring street.

PRIZE ESSAYS ON THE ACTION OF ALCOHOL AND ITS VALUE IN DISEASES.

The American Medical Temperance Association, through the kindness of J. H. Kellogg, M.D., of Battle Creek, Michigan, offers the following prizes:

1. One hundred dollars for the best essay "On the Physical Action of Alcohol, Based on Original Research and Experiment."
2. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the Secretary of the Committee, Dr. Crothers, Hartford, Connecticut, on or before May 1, 1893. They should be in type writing, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wisconsin, in June, 1893, and the successful essays read.

These essays will be the property of the Association and will be published at the discretion of the committee. All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country. Address all inquiries to,

T. D. CROTHERS, M.D., Secretary of Committee,
Hartford, Connecticut.

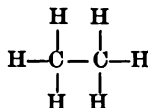
ORGANIC CHEMISTRY.

BY F. D. BULLARD, A.M., M.D., LOS ANGELES.

Lecturer on Chemistry, College of Medicine of the University of Southern California.

Formerly organic chemistry was regarded as a study of those substances only which had been impressed with life force; but, inasmuch as many compounds identical with animal and vegetable products have been made in the laboratory, and inasmuch as they all contain carbon, organic chemistry is now defined as that branch of the science which deals with the compounds of carbon with hydrogen alone, or with oxygen, nitrogen or, more rarely, with sulphur, phosphorus and iron.

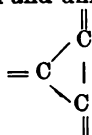
Carbon being a tetrad combines with four hydrogen atoms, forming methane, CH_4 ; two carbon atoms may unite leaving six bonds to be satisfied, ethane C_2H_6 thus,



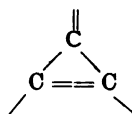
Three, four, or any number (n) of atoms of carbon may be combined into an open chain forming an homologous series, each member differing from the preceding one by the constant quantity of CH_2 .

Methane and ethane are members of the first series or paraffine group with the general formula, $\text{C}_n\text{H}_{2n+2}$.

Carbon atoms may also be combined in the form of a closed chain and united by either one or two bonds:



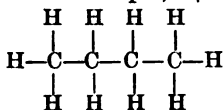
leaving six to be satisfied, or



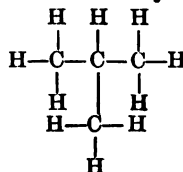
with only four bonds to be saturated.

C_3H_6 is named propene and contains H_2 less than propane and H_2 more than propine. These substances are said to be in isologous series.

These methods do not exhaust the manner of grouping; it is possible for the same number of atoms to be put together differently. For example, C_4H_{10} may be expressed in two ways:



or,



Such substances alike in composition but unlike in constitution are called isomers.

In organic chemistry the properties of compounds depend not only on the kind, but also in the arrangement of atoms within the molecule.

Members of a homologous series which have the same percentage composition but different molecular weights are called polymeric bodies.

In the following table the homologous substances are in the vertical columns, the isologous in the horizontal lines; the former are distinguished from each other by different names which after the fourth are usually derived from greek or latin numerals, quintane, pentane, hexane, etc., and the latter are discriminated by the vowels of the ending.

SERIES I.	II.	III.	IV.	V.
PARAFFINES.	OLEFINES.	ACETYLENES.	ESSENTIAL OILS.	THE AROMATICS.
$C_n H_{2n+2}$ Methane CH_4 , Ethane C_2H_6 , Propane C_3H_8 , Butane C_4H_{10}	$C_n H_{2n}$ Methene CH_2 , Ethene C_2H_4 , Propene C_3H_6 , Butene C_4H_8	$C_n H_{2n-2}$ Ethine C_2H_2 , Propine CC_3H_4 , Butine C_4H_6	$C_n H_{2n-4}$ Propone C_3H_4 , Butone C_4H_6	$C_n H_{2n-6}$ Butune C_4H_6

When all the bonds of carbon are satisfied a saturated compound results; if one or more atoms of hydrogen are removed it leaves a feebly positive radical having the termination $yl - CH_3$, methyl, and this compound radical uniting with other atoms than hydrogen, forms a substitution product, $CH_3 - Cl$ methyl chloride.

Unsaturated hydrocarbons like the olefines may unite with two atoms directly without a loss of hydrogen, and make an addition product, $C_2 H_4 + Cl_2 = C_2 H_4 Cl_2$, ethylene chloride. If R represents the compound radical we can form the hydride by adding hydrogen, RH , ethylhydride $C_2 H_5 H$; the oxide by doubling and adding oxygen, $R_2 O$ ethyloxide $(C_2 H_5)_2 O$; the aldehyde by abstracting hydrogen and adding an atom of oxygen, $(R-H)O$, aldehyde $C_2 H_4 O$; and the acid by taking away one atom of hydrogen and adding two of oxygen, $(R-H)O_2$, acetic acid, $C_2 H_4 O_2$. The starting point is generally the alcohol from which ethers are made by acids; aldehydes by partial and acids by complete oxidation.

An alcohol may be regarded as one or more molecules of water in which one atom of hydrogen has been replaced by a hydrocar-

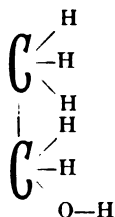
bon radical, $\text{H} - \text{O} - \text{H}$, water; $\text{C}_2 \text{H}_5 - \text{O} - \text{H}$, ethyl chloride. If two hydrogen atoms not united to the same carbon atom are replaced by HO a diatomic alcohol results,

$\text{CH}_3 - \text{CH}_2 - \text{HO} - \text{CH}_2 - \text{CH}_2 - \text{OH}$, glycol;
and of three a triatomic alcohol is formed,

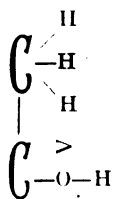
$\text{CH}_3 - \text{CH}_2 - \text{CH}_2 - \text{HO} - \text{CH}_2 - \underset{\text{OH}}{\text{CH}} - \text{CH}_2 - \text{OH}$ glycerine.

If in a compound both hydrogen atoms of water are replaced by hydrocarbon radicals, an ether results; if the radicals are alike the ether is said to be simple, $\text{C}_2 \text{H}_5 - \text{O} - \text{C}_2 \text{H}_5$ ethyl oxide or ether; but, if different radicals are substituted a mixed ether is formed, $\text{CH}_3 - \text{O} - \text{C}_2 \text{H}_5$ methyl-ethyl ether; and if one radical is a hydrocarbon and the other an acid radical, a compound ether is produced, $\text{C}_2 \text{H}_5 - \text{O} - \text{C}_2 \text{H}_3 \text{O}$, ethyl acetate. The so-called haloid ethers are substitution or addition products, $\text{C}_2 \text{H}_6$ ethane, $\text{C}_2 \text{H}_5 \text{Br}$, ethyl bromide.

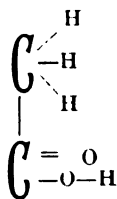
Aldehydes are intermediate between alcohols and acids, but as two atoms of hydrogen have been removed without putting anything in their places, aldehydes are unstable bodies and very apt to undergo changes by reagents.



Alcohol.



Aldehyde.



Acetic Acid.

Acids may be regarded as one or more molecules of water in which one-half of the hydrogen has been replaced by a compound organic radical containing oxygen, $\text{H} - \text{O} - \text{H}$, $\text{C}_2 \text{H}_3 - \text{O} - \text{H}$, acetic acid. The characteristic feature of an organic acid is that it must contain the group $-\text{COOH}$ carboxyl, the number of which governs the acid's basicity—mono, di, or tribasic as it contains one, two or three carboxyl groups.

Ethers bear the same relation to alcohols as metallic oxides do to hydrates, KOH potassium hydrate, $\text{K}_2 \text{O}$ potassium oxide; $\text{C}_2 \text{H}_5 \text{OH}$ ethyl alcohol, $(\text{C}_2 \text{H}_5)_2 \text{O}$ ethyl oxide.

The chemical substances belonging to the above classes are very numerous. The paraffines contain the numerous products resulting from the distillation of petroleum. Olefiant gas, which gives the illuminating power to lighting gas, is the best known compound of the second series. The disagreeable odor perceived

when a lamp is turned low is due to acetylene, the first member of the third group. The fourth series is very extensive, including the turpentine, essential oils, camphors, resins, gums and balsams.

The essential oils belong to a class having the formula $C_{10}H_{16}$. They occur in plants and are quite volatile, easily acted upon by oxygen and the pharmaceutical preparations are unstable.

The fixed oils are nearly all compound ethers of the basylous radical glyceryl C_3H_5''' , and some acidulous one; an oleate, a colorless liquid; a palmitate, a soft solid; and a stearate, a harder solid. These bodies are named olein, palmatin and stearin and are called the fatty proximate principles. All fats are really a mixture of these three. Some fixed oils are drying, e.g., linseed oil, which when exposed to air oxidizes to a hard substance, a resin; others are non-drying, which ferment, set free the acid and become rancid. The essential oils are not saponified by alkalis, while the fixed oils if boiled with an alkali are converted into soap; with potassium they form soft soap, with sodium hard, and with calcium, lime soap. Olive oil and potassium form green soap; olive oil and sodium, white castile.

The camphors are numerous. Common camphor, a white translucent crystalline mass; mono-bromo camphor, a substitution product with one atom of bromine, and eucalyptol are the chief ones used in medicine. Menthol, which closely resembles them, is an alcohol.

The gums are amorphous bodies more or less soluble in water and are converted into sugars by the action of dilute sulphuric acid.

Resins are solid, brittle, non-volatile, oxidized terpenes. Oleo-resins are a mixture of resins and volatile oils; gum resin, a mixture of several bodies in juices of plants—gum, resin, sugar, etc.; balsams are composed of unoxidized oils mixed with resins. Among the resins, benzoin; among the gums, guaiacum and gum arabic; among the gum resins, asafoetida, and among the balsams, copaiba, tolu and Peru are the most important medicinally. All these bodies are mixtures and generally no definite formula can be given.

There are three substitution products which are the most common drugs—chloral, an aldehyde with the three hydrogen atoms of the radical replaced by chlorine atoms, $C_2H_3 - O - H$ becoming $C_2Cl_3 - O - H$, and which unites with water to form chloral hydrate, a colorless, transparent, crystalline solid having a pungent odor and taste; chloroform, trichlor methane, $CHCl_3$, a colorless, fragrant, volatile liquid, an excellent solvent and anes-

thetic; iodoform, CHI_3 , bright yellow hexagonal crystals and an antiseptic.

Among the alcohols, ethyl or common alcohol; amyl or pentyl alcohol, a dangerous ingredient of imperfectly rectified spirits, commonly called fusel oil; glycerine, propenyl alcohol, a colorless, syrupy, sweetish, hygroscopic fluid; and carbolic acid, a phenyl alcohol, $\text{C}_6\text{H}_5\text{OH}$, a crystalline, solid of a peculiar odor and pungent, caustic taste, leaving a white eschar, are the most frequently found in medicine.

Nitroglycerine is glyceryl trinitrate $\text{C}_3\text{H}_5(\text{NO}_3)_3$ a substitution product. Two compound ethers, salol, phenyl salicylate, a crystalline powder readily breaking up into carbolic and salicylic acids, and amyl nitrite, $\text{C}_5\text{H}_{11}\text{—O—NO}$, a colorless liquid which is a powerful stimulant, are especially worthy of mention.

Sweet spirit of nitre is a mixture of ethyl nitrite, ethyl alcohol, ethyl acetate and aldehyde. Various flavoring extracts are mixtures of compound ethers, organic acids and glycerine.

The organic acids form a very large class of compounds. The monatomic acids have the general formula $\text{C}_n\text{H}_{2n-1}\text{O—O—H}$. The following are the most important: Formic, a colorless liquid of the first series, and acetic of the second; both are quite acid and have peculiar odors, and the latter precipitates mucin and is consequently a valuable agent in urine analysis; butyric acid of the fourth series occurs in connection with other acids in butter, perspiration, urine and in the contents of the intestine as the result of secondary fermentation of sugars; valerianic acid which forms salts with ammonium, bismuth, iron, zinc, caffeine and quinine, that are frequently used in medicines; lactic acid, the acid of sour milk, is produced by a special ferment.

Four dibasic, organic acids are frequently met with—oxalic, succinic, malic and tartaric; the first is a violent poison; the second one of the products of alcoholic fermentation of sugar; the last two occur in many fruits. The latter gives quite a number of preparations to the pharmacopeia—acid potassium tartrate, the bitartrates of sodium and antimony, tartar emetic, the sodio-potassium tartrate, Rochelle salts and some scale compounds with iron, potassium and ammonium. Citric acid, occurring in lemons, gooseberries, limes, etc., forms a large number of medicinal compounds—the citrate of bismuth, of iron, of iron and ammonium, of iron and quinine, of iron and strychnine, of lithium, of potassium, of bismuth and ammonium, and, lastly, as a syrup.

Benzoic and salicylic acids are quite common, the latter to preserve meats and as a salt with potassium, sodium or lithium in the treatment of rheumatism, especially. Gallic and tannic acids

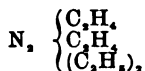
are made from nut galls and are very astringent—the latter, however, is properly a glucoside. Hippuric and uric acid occur in small amounts in the urine. Salicylic acid forms an intense violet with ferric salts and hence its presence is easily detected.

Closely allied to, and by some classed as alcohols, are the carbohydrates, which have six or a multiple of six carbon atoms and the hydrogen and oxygen in the proportion to form water. They are divided into three classes: saccharoses, such as milk and cane sugar; glucoses, such as grape sugar; amyloses, such as starch. Saccharoses and glucoses dissolved in water give it a sweet taste and hence are sugars. Saccharoses and amyloses are easily changed to glucoses by ferments or boiling in dilute acids.

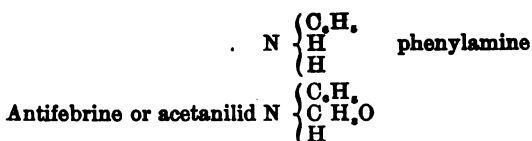
Grape sugar, dextrose, is of especial interest to the physician as it occurs in diabetic urine. If a few grains of sugar is dissolved in water and mixed with a little copper sulphate solution and potassium hydrate and heated, no result is seen, but if a little sulphuric acid is added first a yellow precipitate of cuprous oxide falls indicating the presence of grape sugar. Starch boiled in the presence of an acid and iodine gives a blue reaction.

Ammonia $\text{N} \begin{matrix} -\text{H} \\ -\text{H} \\ -\text{H} \end{matrix}$ is a type of a large number of compounds. An

amine is a compound resulting from the replacement of one or more atoms in the molecule by positive or hydrocarbon radicals, and amide is the result of a similar substitution by an acid or negative radical. Such substances are mon, di or tri amines or amides as they replace atoms from one, two or three ammonia molecules; and are primary, secondary and tertiary, as they supplant one, two or three atoms of hydrogen in the same molecule, thus:

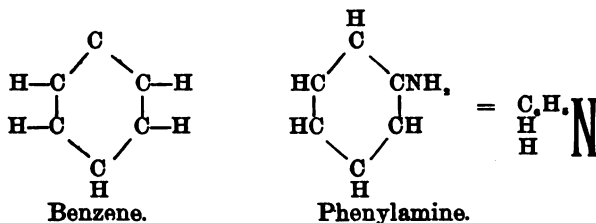


would be named diethylene-diethyl diamine. All amines have basic properties and combine directly with acids to form salts. An acid amide is formed by replacing part of the hydrogen of a polybasic acid by amidogen NH_2 ; $\text{NH}_2, \text{HO}, \text{CO}$ carbamic acid. An imide differs from an amide by containing NH instead of NH_2 . $\text{NH}_2, \text{CO}-\text{OH}-\text{H}$, $\text{O}=\text{NHCO}$ carbimide. Artificial amines are very numerous, the most important of which are aniline and its derivations. Aniline is a colorless, oily liquid the basis of a large number of coloring matters, and has the formula:



has the acetic radical for one of the hydrogen atoms of aniline and is a well known antipyretic. Phenacetine is a crystalline powder used to lower temperature and relieve pain, and antipyrine is a substance crystallizing in needles, soluble in water with an acrid tart taste, an antipyretic and anodyne.

Many plants, especially those having medicinal properties, contain nitrogenous basic principles called alkaloids. Some of these are compound ammonias and others benzenoid in structure. The arrangement of the atoms might be represented thus:



Most alkaloids are sparingly soluble in water, having an alkaline reaction and bitter taste. They combine directly with acids to form crystalline salts which are generally soluble in water. Most of them are precipitated by a solution of tannin, the double iodide of potassium and mercury, picric acid, and by a solution of iodine in iodide of potassium and hydriodic acid. By testing these precipitates by an alkaline hydrate the bases are separated. The alkaloids are separated from other substances and each other by the action of various solvents, ether, chloroform, alcohol, etc. Some of the more important alkaloids are, atropine, mydriatic; caffeine, anodyne and stimulant; cocaine, local anaesthetic; morphine, anodyne; quinine, antiperiodic; strychnine, spinal excitant; pilocarpine, diaphoretic, and apomorphine an emetic.

Ptomaines are putrefactive or cadaveric alkaloids which are produced during the putrid decomposition of animal or vegetable matter, and also under certain pathological conditions in the human body during life. Some are very poisonous, others inert. Persons who are poisoned by eating food are acted upon by the ptomaines the food contains. Many of them are volatile and amorphous but form crystalline salts and answer to the ordinary reactions for vegetable alkaloids. Some fifty have been isolated. Some of them closely resemble morphine, strychnine, etc., and

their presence may prevent the detection of the crystal alkaloids by the usual reagents. Serious mistakes have thus arisen. The symptoms in the main are those of a powerful gastric intestinal irritant. The ptomaines are associated with microbes in zymotic diseases.

Leucomaines are alkaloid substances elaborated in the body during life, as either the result of fermentative changes within the body or of the natural physiological process in the retrograde changes of nitrogenous compounds. They are mostly deleterious, acting especially on the nervous system, producing lassitude, sleepiness, vomiting, fever, lowered temperature, etc. They are found in the excreta, markedly the urine. Some are found to a small amount in normal urine, but to a great degree they occur in certain diseases. It is supposed that the nervous symptoms of uraemia and indigestion are due to leucomaines.

Glucosides are a large class of compounds widely distributed in the vegetable kingdom, which are resolved by acids, alkalis or ferments, into sugar and another compound. They are ethers of glucose. Some occur in the animal economy.

Amygdolin from bitter almonds, digitalin from the foxglove, indican from all plants yielding indigo and tannin, the astringent principles of many plants are some of the chief glucosides. Tannin with iron salts forms a black precipitate-ink.

NEW LICENTIATES.

At a meeting of the Board of Examiners held September 6, the following-named were granted certificates to practice:

Bidwell, Walter D.	Oakland	Harvard Univ. Med School, Mass., June 24, 1885
Blake, Chas. Robert	San Francisco	Med. Dept. Univ. of Cal., November 10, 1891
Brennan, Thos. F.	San Francisco	Univ. Med. Coll., Mo., March 14, 1891
Burres, Walton Todd	Stockton	Med. Dept. Tulane Univ., La., April 6, 1892
Church, Starr King	Fresno	Med. Dept. Univ. of Mich., June 30, 1892
Edelman, David Wm.	Los Angeles	Med. Dept. Univ. City of N. Y., March 24, 1891
Freeman, E. N.	Grafton	Vanderbilt Univ., Tenn., March 1, 1885
Lagan, Edward	San Francisco	Med. Dept. Univ. of Cal., November 10, 1891
LeBaron, Eugene	San Bernardino	Univ. of Md., Baltimore, April 14, 1892
McGill, Avery Barnes	San Francisco	Med. Dept. Univ. City of N. Y., March 29, 1892
McGill, Henry Gordon	San Francisco	Med. Dept. Univ. City of N. Y., March 29, 1892
Painter, Edwin T.	Banning	Coll. Phys. & Surg., N. Y., May 12, 1885
Roca, Ramon	Santa Clara	Univ. Barcelona, Spain, June 27, 1889
Schelling, G. A.	Los Angeles	Med. Coll. Univ. of S. Cal., May 25, 1892
Sinclair, O. W.	Eureka	Univ. City of N. Y., March 12, 1889
		Univ. of McGill, Canada, April 1, 1891
Stoddard, James	San Jose	Univ. of Edinburgh, Scotland, August 1, 1892 [and Certificate.]
VanVestrandt, O.	Gardena	Royal Coll Phys. & Royal Coll. Surg., Edingurgh, Scotland, July 28, 1882
Warner, James K.	San Francisco	Med. Dept. Univ. of Cal., November 10, 1891
Wilson, Foster E.	Lancaster	Cincinnati Coll. Med. & Surg., O., February 24, 1877

CHAS. C. WADSWORTH, Secretary.

Southern California Practitioner.

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Editor and Publisher Southern California Practitioner,

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Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

POZZI.

Until late in the closing decade of the last empire, Paris continued to be, as it had been for fifty years, the Mecca of the majority of American medical students whose aspirations included the finishing touches of acknowledged masters in medicine. The names of Trousseau, Civiale, Velpeau, Nelaton, Ricord and Jobert de Lamballe were almost as familiar to the industrious student of the United States, at that time, as if they had been citizens of our republic.

Except in the line in which Ricord achieved fame, there were no well-defined specialties, the general divisions being applied medicine and surgery. Professional success lay more in the direction of the former than of the latter; so that Trousseau rather than Velpeau became the typical teacher and model. The brilliant operator achieved surgical renown, success being held subordinate to dexterity. Results were not tabulated then as now. We recall a college story which, if not exact in its details,

yet illustrates the assertion. Jobert was the first French surgeon to apply to vesico-vaginal fistula, the skillful measure devised by Velpeau for the relief of laryngeal fistula. He was, in fact, the pioneer in female genito-urinary surgery. An American surgeon having called upon Jobert, the conversation easily turned to a certain gynecological procedure in which both were interested. The Frenchman, assuming the mastery of the English language which was accorded him of French surgery, said: "How many times you perform him?" To which the American replied, with some hesitancy, "Only three times; how many times have you performed it?" "Oh, many times; vare many times." "What have been your results?" With arched brows, wide-spread mouth and graceful wave of the hands, came the characteristically evasive response: "Ah! but ze operation was *brilliant!*"

By way of parenthesis we yield to the temptation to relate a humorous incident of this "brilliant" operator, which occurred shortly before he was adjudged insane.

On one occasion, while standing in front of the cashier's wicket in a Paris bank, the head of the officer, with face bent down to his figures, put a mischievous notion into Jobert's brain. With a merry twinkle in his eye, he said: "*C'est une presentation tres belle.*" And, quick as the thought, with both hands seizing the bushy locks of the banker, promptly delivered him.

In the downfall of the empire the conceded supremacy of the French schools seemed to share, and Edinburgh, Göttingen, Berlin and Vienna have since divided in unequal proportions the reputation and patronage of which Paris for so many years had almost a monopoly. One by one the distinguished men of the old regime passed away. Under the republic France has been in a condition of comparative isolation. The arrogance of Germany, and her own bitter resentment, have more than once interfered with hearty French participation in international medical assemblies.

During the twenty-one years of her independence new men have arisen; intelligent, vigorous, aggressive. Their names and reputations, now and then only, leap the cordon, but readily as of yore find place in the front. We suspect there would have been as yet neither a Lister nor Koch had there been no Pasteur. Among the newer men who have shown themselves worthy our esteem is Prof. S. Pozzi of the Paris Faculty of Medicine, and surgeon to the Lourcine-Pascal Hospital. His masterly ability and cosmopolitan spirit receive at once that homage which every true American renders to genuine merit and exalted generosity.

We confess to some embarrassment at the exhibit in his recent work, of French claims to gynecological priority.

With Anglo-Saxon vanity intensified by American egotism, we had allowed ourselves to indulge the belief that almost everything good or desirable in the development of gynecology is indigenous.

We somehow had the impression that to our Marion Sims was the world indebted for a knowledge of systematic bimanual exploration; but to Pozzi and Levret and Baudelocque must we transfer our reverence.

Pozzi notes the influence of Ambroise Paré in the resurrection of the speculum, and the fact that Recamier was instrumental in bringing it into general use.

We had supposed that Simpson first devised the sound, until Thomas years ago taught us that the discovery or invention was made either by Kiwisch or Lair. But history accords the honor of invention to Levret and a clear statement of the indications for its use to Huguier.

For the curette and its application we are indebted to Recamier. And incidentally we venture the assertion that for the purpose for which it was devised not one of its innumerable improvements is its equal.

As intimated above, Jobert de Lamballe first established on a scientific basis the operation for vesico-vaginal fistula.

Levret first attacked uterine polypi by ligature, and Dupuytren with a cutting instrument.

Amussat first enucleated uterine fibromata. Koeberle, after previous diagnosis, was the first to open the abdomen for the removal of an interstitial uterine fibroid, while Recamier was a pioneer in successful vaginal hysterectomy for cancer.

We accord the full meed of praise to the inventive genius and skill of our French brethren of the long ago, and are pleased to recognize the merit of the rising men of the new republic. This is not the place for an elaborate notice of Pozzi's great work, nor should we be inclined to indulge ourselves if it were. But a careful examination reveals in the body of the text and in the voluminous bibliography and journal references such a magnanimous recognition of foreign worth as to impress us with the possibility of a medical millennium, when sectional egotism shall vanish, when neither Strasburg nor the Alps, neither English channel nor Atlantic ocean, when neither Allegheny mountains nor the Rockies shall interpose barriers to aught except professional jealousies.

EDITORIAL NOTES.

DR. ISABEL M. MEADER, having sold her drug business has returned to New York state where she will probably engage in practice.

DR. THEODA WILKINS after six months of professional life in Illinois has returned to Pomona to resume her practice.

DR. I. B. HAMILTON, who has been located in Arizona for the past year, at Tombstone, recently made a brief visit to his old friends in Los Angeles.

THE Mississippi Valley Medical Association held its annual meeting at Cincinnati, Ohio, October 12, 13 and 14, where a very attractive program was presented. President Chas. A. L. Reed, M.D., and Secretary E. S. McKee, M.D., spared no pains to make it the best meeting of the association that was ever held.

DR. W. W. BECKETT, wife and son have returned from a three weeks vacation at San Luis Obispo, the doctor's former home.

At the San Bernardino County Medical Society, held at Colton, Tuesday, October 11, 1892, at 10 o'clock a.m., the following was the program of Scientific Work:

1. Observations on California, by an Eastern physician, Edward T. Painter, M.D., Banning.
2. Microscopical Demonstrations—Anthrax Bacillus, Tubercle Bacillus, etc., H. Bert. Ellis, M.D., Los Angeles.
3. Clinical Reports—(a) Spinal Meningitis occurring during pregnancy, H. H. Guthrie, M.D., San Bernardino. (b) Obstetrics, O. S. Ensign, M.D., Ontario.
4. Paper—Climatology, J. S. Riggs, M.D., Redlands.

JOHN C. KING, M.D., President,

M. F. PRICE, M.D., Secretary.

ERRATA. In August number, on page 325 line thirty-four, *site* should be *sight*. The editor must have been sleepy when he read the proof.

MEDICAL COLLEGE.

The opening exercises of the College of Medicine of the University of Southern California took place on the 12th at the college building on Aliso street. Some thirty students were in attendance. The exercises were opened with prayer by Rev. Eli Fay, after which addresses were delivered by Prof. N. P. Conrey, Prof. Norman Bridge, of Rush Medical College, Prof. M. L. Moore, Prof. H. Bert. Ellis, Prof. W. LeMoyne Wills, Prof. J. P. Widney, President of the University, Prof. Joseph Kurtz. Active work will be carried on for the next eight months, excepting for the two weeks at Christmas time.

CORRESPONDENCE.

LETTER FROM VIENNA.

DEAR PRACTITIONER:—In my first letter from here I mentioned some of the lectures and clinics I was attending, and today I shall try to report some of the most interesting things I have seen and learned since I have been in this great medical center. I will begin with the celebrated Professor Billroth. I saw him operate several times and must confess I have not yet seen his superior. He explains well and his whole manner is extremely sympathetic. He trephined a boy for a depressed cranial fracture, but did not use the common trephine, but a sort of wheel saw which he attached to a dentist's drill. At another time he made a rhinoplastic operation for loss of substance of the lower third of the nose (cause, lupus vulgaris). After cutting away all the diseased tissue he dissected a flap sufficiently large from the healthy portion of the upper nasal covering, and left the denuded part to heal by granulation. Through ingenious folding and stitching of the flap to the bony structure, within a few minutes the nose presented quite a respectable appearance. The numerous amputations of extremities, and minor operations which I saw at Billroth's clinic, for either tumors, necrosed bones, or traumatic causes, did not present anything unusual. I wish only to mention one instance to show how even the greatest of surgeons did not hesitate to stop in the middle of an operation, when there was some slight danger to the patient. He had, with great skill, partially extirpated a sarcoma on the right side of the neck, when he suddenly stopped, saying to his hearers that he could not conscientiously proceed. The many adhesions and the condition of the patient indicated a halt.

For anaesthesia in capital operations, Professor Billroth uses a mixture of one hundred parts of chloroform, thirty parts of sulphuric ether and thirty parts of alcohol. For minor operations he places, each time anew, twenty grammes of Bromoethyl on a piece of gauze and puts it in the inhaling apparatus.

At Professor Albert's clinic I saw also some very interesting operations; of the more serious ones I will mention:

1. Laparotomy for an ovarian cyst of enormous size.
2. Ligation of carotid artery for aneurysm.
3. Kraske's operation for sarcoma of the rectum.

This last operation is performed here as follows: The patient is put on his side, an incision is made along the median line from about the middle third of the sacrum down to the sphincter ani, the muscular parts dissected and the sacrum and coccyx laid

bara. It depends now upon whether the seat of the malignant growth is higher or lower, whether the coccyx alone or also a part of the sacrum should be excised. This method gives an excellent field for operating in the otherwise so obscure anal region, and seems to be in great favor here; it is even frequently resorted to in gynecological practice for example in carcinoma of the uterus.

In the third surgical division, directed by Professor von Dittel, I saw a few Chopart's operations for severe necrosis, neatly and quickly done. Also a supra-pubic cystotomy for a papilloma in the bladder; another for the removal of several pieces of a broken catheter, impossible to extract through the urethra; and finally a Bigelow's lithotomy, the twenty-sixth in the same individual (an old gentleman 68 years of age).

At Professor Chrobak's obstetrical clinic I listened to three interesting lectures with presentation of cases. 1. Extra-uterine pregnancy. 2. Eclampsia. 3. Causes of intra-uterine death of foetus.

Dr. Chrobak does not believe in killing the foetus by electricity or morphine in extra-uterine pregnancy, but considers the only rational treatment to be the entire removal of the sac and its contents by a timely laparotomy. If on account of severe hemorrhage this is impossible, the peritoneum should be sewed in a manner to prevent the rupture of the sac into the abdominal cavity.

Regarding puerperal eclampsia he insists upon the beneficial influence of warm baths, rectal and vaginal injections, to hasten labor, and the saline laxatives to help relieve the nephritic pressure.

In speaking of the causes of death of the foetus in utero, he said they are, in order of frequency, syphilis, intra-uterine tumors, undeveloped uterus and diabetes. To the question whether an early labor should be brought about to save a syphilitic child, he answers most emphatically "No." A child attainted with the disease to a degree that his life in utero is already endangered, will not grow up and his vitality is still more impaired by a premature birth.

Right here I desire to state some of Professor Kassowitz's opinions on syphilis in childhood. I have attended his lectures in the "Kinder-Kranken-Institut," where he is Director, for nearly four weeks, and feel indebted to him for much valuable information. He says that a child may inherit the disease from either parent. He distinguishes an ovulary and a placental infection. A healthy mother may bear syphilitic children and remain healthy. This fact, so often observed, Dr. Kassowitz does not claim to be able

to account for, but thinks that the walls of the placenta do not allow the specific virus, as such, to pass through and to mingle with the maternal circulation, but that owing to some unknown physical or chemical changes, only those constituents of the virus pass through the placental membranes which serve to make the maternal system immune; in other words, act as a vaccine against syphilitic infection. At his institute Professor Kassowitz treats all syphilitic children exclusively with mercurial preparations, and according to the severity of the case internally only, or internally and externally combined. For internal medication he gives the protoiodide of mercury; for external friction, the blue ointment. He called our attention to the fact that it was most astonishing how well little children stand the specific treatment. Cases of salivation are of extremely rare occurrence.

For the many cases of rachitic children which are daily presented at his clinic, he has but one prescription; which does wonders considering the bad hygienic conditions in which these poor little children are usually placed. He gives of the following, one to two teaspoonfuls per day:

R. Ol. jecor. Aselli.....100.00 grammes.
Phosphor..... 0.01 grammes.

Parotitis he leaves without treatment. Professor Kassowitz does not believe in prescribing alcoholic stimulants under any form in children's diseases. In pneumonia, where stimulants are essential, he gives camphor. To lower high temperatures he thinks that local cold or medium cold applications to the child's chest are better than all the internal antipyretics administered to so delicate a system as that of a child. He is strongly opposed to scarification of the gums during so-called difficult dentition. He says there is no such disease as dentitio difficilis, and any pathological disturbance during the teething period can easily be traced to other causes.

On one occasion Professor Kassowitz presented to us one of those extremely rare cases of vitiligo. The patient, a boy of eleven years, presented on extremities and trunk numerous strongly circumscribed, white, smooth spots of various sizes, and on the right temple a large spot of grey hair. The nature of this disease is not yet understood. It is thought to be an idiopathic form of leucoderma acquisitum, produced by an atrophy of the pigment cells. There is no treatment for this peculiar affection.

To the opinions respecting syphilis, expressed by Professor Chrobak in regard to obstetrics, and by Professor Kassowitz in regard to infancy and childhood, let me add further what I have heard

from Professor Kaposi, the Vienna authority on venereal diseases. He says that syphilitic parents, who have visible specific lesions, may have non-syphilitic children; and, on the other hand, parents in whose organism syphilis is perfectly latent at the time, may produce syphilitic children. He does not believe that syphilis can skip a generation, nor does he believe in what is taught by Professor Fournier of Paris, that there may be a retarded hereditary form of syphilis, i.e., that a child between ten and fifteen years of age, born of syphilitic parents, should suddenly show specific manifestations as the result of an hereditary disease, which had remained latent in the child's system since birth. Professor Kaposi says a child with syphilis in his veins and not treated will not reach the age of ten. The cases which Professor Fournier calls retarded hereditary syphilis have been acquired by some form of contact.

Regarding the smaller papillary eruptions, Professor Kaposi told his audience that this was a much more severe type, and much more resistant to treatment than where the eruptions were larger. As to the treatment of the various stages he says that it is cruel and inhumane to employ iodoform in any case. *Emplastrum hydrargyri* is the best for all local lesions, and watery solutions of sublimate or *cuprum sulphuricum* for localities where the application of plaster is impracticable. While he believes the sclerotic ulcers to be the origin of the constitutional invasion, he admits that he has never been able to avoid general syphilis by the extirpation of the sclerotic growths. Concerning the so-called preventive cures, his experience has told him that it is best to wait for the specific eruption before entering into the routine treatment. A constitutional treatment before the eruption has appeared will only lead to irregular manifestations and leave both physician and patient in uncertainty regarding the nature of the disease. In his clinic at the "Allgemeinen Krankenhaus" some patients are treated with mercurial inunctions, others by soluble injections into the gluteal region by the aid of a Pravaz's syringe which contains of the following prescription, 1 gramme, i.e., .01 of the sublimate:

R Hydrarg. chlorid. corros.....	0.1
Aquae destill.....	10.0
Natr. chlor.....	2.5

(Prof. Neumann of the second venereal clinic adds .05 of morph. mur. to subdue the pain following these injections.)

In painful articular and nervous manifestations during the course of the syphilitic disease Professor Kaposi gives iodide of potassium, and in stomachic troubles *sarsaparillae radix*.

As to how long a patient should be treated Professor Kaposi differs again from the Parisian School. Professor Fournier believes in a protracted treatment (i.e., two to four years), but Dr. Kaposi says, "Treat your patient until all symptoms of the disease have disappeared, then let him alone. If a relapse occurs begin anew, but do not protract the treatment."

As I said at the beginning of my letter, I must confine myself to giving only short accounts of the most interesting things I have seen and heard here; but I think I will meet with the approval of your readers if I report a little more fully on the question of the day—"The surgical treatment of idiopathic epilepsy."

The man who does the most brain surgery here is perhaps Professor von Mosetig-Moorhof of the fourth surgical division of the "Allgemeinen Krankenhaus"; and the man who diagnoses all these cases, and under whose direction the operations are performed, is Professor Benedikt of the polyclinic. In the opinion of this distinguished psychiatrist and neurologist the idea that certain cases of epilepsy are caused by cerebral compression is an erroneous one, and he agrees with Mosso who says there can be no compression of the brain without a simultaneous compression of cephalic veins and a consequent immediate asphyxia. The idea that the compression might be produced by premature union of the cranial bones, is equally false, and even Virchow admits today that the cranium has no influence on the brain, but that cerebrum and cerebellum exert a great influence on the formation of the cranial bones. In reality the cranium is a very elastic case. It changes its form much oftener than is generally thought. It is larger in spring than in winter, increases in volume during the time of activity, and diminishes when at rest. A cranium put in water will immediately change form and volume. It does not stand to reason, therefore, that an operation should be performed to liberate the brain; still less is an operation indicated in cases of microcephalia. Where there is a microcephalic brain there is also constantly associated an alteration of the spinal cord, which cannot be influenced by either trepanation or craniectomy. Through long and careful study Professor Benedikt claims to have been enabled to establish a mathematical law of the anatomical construction of the cranium. He has shown that every skull is formed of a number of arcs or spheric segments which can easily be felt and distinguished on the living subject, and which correspond to well defined portions of the brain. The localization of the different cortical centers and especially the psycho-motor center can thus easily be established. Although the fact is known that epilepsy may remain latent for a long time

and in such cases manifest itself often in the second stages only, it is, however, equally well known that most cases of epilepsy commence with convulsions in a circumscribed region and that the extension of the spasms is produced gradually as in Jacksonian epilepsy. So it seems rational that to remove that part of the cerebral cortex which presides over the initial convulsions might bring about a cessation of the epileptic attack. And that this is possible, the experiences of Professors Benedikt and von Mosetig have shown. One need not fear the consequence of such an operation. Physiologists and clinicians know today that there are, properly speaking, no motor centers in the cortex and that the extirpation of those supposed centers does not determine a paralysis. The only motor symptoms appertaining to the cerebral cortex are the convulsions. The paralysis is a secondary symptom provoked through the shock of the deeper underlying centers. If the operation is carefully performed, as in the many cases operated by Professor von Mosetig, no consequent paralysis is observed. But other operators have noted that in some cases violent convulsions set in after the operation, which, however, are only the expression of an irritation and which rapidly cease.

Regarding the technique of the operation, Professor Benedikt insists strongly that the opening to be made in the skull and its membrane should be as small as possible, that the periosteum should be preserved, and that the dura mater should be most carefully sutured. Under such conditions a perfect occlusion of the cranial cavity and sufficient protection of the brain substance is assured. If it is necessary to denude two centers, it is essential to leave an osseous bridge between the two openings. I was present at one such operation. After Professor Benedikt had located the cortical center on the right parietal region, wherefrom the convulsions in the left upper extremity had always proceeded, (these phenomena were what in this case served as the indicator of an approaching general attack), Professor von Mosetig removed, per trephine, a small circular piece, and made a crucial incision in the dura mater. To demonstrate the exactness of his diagnosis to his hearers, Professor Benedikt then approached the poles of an electric battery to the crucial incision, whereupon the left arm made several convulsive movements. Professor von Mosetig then continued the operation by removing that portion of the cortical substance which was the supposed irritating center from which the convulsive manifestations took their origin. Professor Benedikt thinks that the results thus far obtained lead him to believe that the operation is indicated in cases of idiopathic epilepsy which are *en rapport* with infantile eclampsia, and in

which the convulsions emanate from certain known centers easily accessible. The extirpation of these centers by means of a small incision and curette, under strictest antiseptic conditions is free from danger. The functional disturbances which may follow this operation usually disappear after a short time, and even if some remain, they are much inferior to the trouble caused by the main disease.

In the interest of science and suffering humanity let us hope that the results thus far obtained in this modern branch of brain surgery may prove all and more than its advocates and promoters have hoped for. Very respectfully,

DR. S. A. KNOFF.

Vienna, August 7, 1892.

THE WORLD'S CONGRESS AUXILIARY OF THE WORLD'S COLUMBIAN EXPOSITION OF 1893.

DEPARTMENT OF MEDICINE—DIVISION OF MEDICO-CLIMATOLOGY.

SUBJECT: *The Climates of the World, their Effects upon Health and Disease. Climatology from a Medical Standpoint.*

PRELIMINARY ADDRESS OF THE COMMITTEE OF THE WORLD'S CONGRESS AUXILIARY ON A MEDICO-CLIMATOLOGICAL CONGRESS.

The year 1893 will be made memorable by the exposition that the world will hold in Chicago. There will be gathered not only the exponents of the industrial wealth of the world in all the forms of material progress, but the advances made in art, science and civilization will also be set forth.

A series of Congresses representing all of the departments of thought and scientific investigation, is a true, even an indispensable part of a World's Exposition.

In accordance with this idea the World's Congress Auxiliary has been organized in connection with the World's Columbian Exposition, and has been recognized and approved by the Government of the United States. Among the assemblages to be convened, what more fitting than that the Department of Medicine, the great healing art, with its many divisions should be conspicuously presented? What more opportune time could have been selected by the Climatologists of the whole world to meet and compare their observations and views on the different climates of the earth, and their effects upon humanity, and the diseases to which flesh is heir.

With that object in view, a local committee of arrangements has been appointed by the World's Congress Auxiliary, and an Advisory Council will be selected from those eminent in this department in different parts of the world, to arrange a World's Congress of Medical Climatology, to be held at Chicago during the exposition season of 1893.

The design is to hold this congress at a time convenient to those who will attend the congresses of the other divisions of the department of

Medicine which are assigned to open May 29, 1893. This early date was chosen to accommodate those who will desire to attend the Medical Congress to be held in Rome, in November of next year.

The movement is, as yet, in a formative stage, and much thought must be given to it before a detailed programme can be formulated.

The following topics have been suggested, and others will doubtless be added before the final programme is announced :

The Leading Characteristics of the Climates of the Various States, Countries and Sections of the World.

Diseases Produced by the Climatic Peculiarities and Weather Changes in the Various Countries.

Relation of Climate to Consumption. Climates in which Consumptives Recover, or are Materially Benefited.

Health Resorts : Special features.

Relation of Climatic Changes to Epidemics.

Changes of Climate due to Cultivation. The effects of the Destruction of Forests, and other Changes Incident to Civilized Life.

The Relations of Diet and Climate.

What May be Done to Improve or Modify Climates for the Promotion of Health and Comfort?

Geography of Carcinomatous Diseases.

Geography of Bright's Disease.

Climatic Factors which Produce Epidemic Influenza.

Relation of Climate to Rheumatism.

Relation of Climate to Catarrhal Diseases.

Relation of Climate to Longevity.

Waters and Climate.

Climatic Effects upon the Eye.

Relations of Climate to Diseases of the Ear.

The Effects of Sun Spots upon Climatic Conditions.

What More Can the Weather Bureaus do to aid Climatologists and disseminate Climatological Knowledge?

Comparison of Climatic Differences as manifested by Similar Diseases in the North and South Temperature Zones.

Climatic Relations to Remittent and Periodical Fevers, and to Continued Fevers.

Climatic Relations to Malaria.

Acclimation. Disorders Produced by Migration.

It is the purpose of the committee, with the advice of the council, to arrange for a report from each state and country of its climatic peculiarities. The health resorts of each state and section will also be properly represented.

This congress will afford a most favorable opportunity to compare the climates of the various states, countries, islands and continents of the whole world, from a medical standpoint, by delegated representatives of the various localities.

The changes that occur in climates, and which possibly attend the great epidemics, merit world-wide attention.

If the effects of climates upon the one disease, consumption, can by such comparison, be fairly ascertained and approximately settled, great good will result to afflicted humanity.

The bearing of climate upon such diseases as rheumatism, catarrh, cancer, Bright's disease, and generally upon health and longevity, will form especially interesting questions for consideration in the congress.

The committee would be pleased to have suggestions as to topics and modes of proceeding, as well as those who may take part in the discussions. Proposals for membership of the Advisory Council are also invited.

All communications should be addressed to the Chairman of the Committee.

T. C. DUNCAN, M.D., Chairman,
I. N. DANFORTH, M.D., Vice-Chairman,
L. B. HAYMAN, M.D., Secretary,
J. D. HARTLEY, M.D.,
A. K. CRAWFORD, M.D.,
F. D. MARSHALL, M.D.,
J. B. S. KING, M.D.,
J. A. ROBISON, M.D.,
S. A. MCWILLIAMS, M.D.,
A. L. CLARK, M.D.,

Committee of the World's Congress Auxiliary on Medico-Climatology.

CHARLES C. BONNEY, President,

BENJ. BUTTERWORTH, Secretary.

World's Congress Headquarters, Chicago, August, 1892.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS, FIFTH ANNUAL MEETING, AT ST. LOUIS, MO., SEPTEMBER 20-23, 1892.

Dr. George H. Rohé, of Catonsville, Md., read a paper upon "The relations of Pelvic diseases to psychical disturbances in woman."

The author pointed out the frequency with which bodily conditions influenced mental states. Thus a torpid condition of the intestines, Bright's disease, putrefactive processes in the intestinal canal, etc., might give rise to melancholia and other disorders of the mental functions. It is not irrational to suppose likewise that diseases of the female sexual apparatus would have a not inconsiderable influence in the production or perpetuation of mental disorders. As a contribution to the knowledge of the subject the following report was submitted:

In a hospital containing 200 insane women, thirty-five were subjected to vaginal examination and twenty-six found with evidences of pelvic diseases. In eighteen of these the uterine appendages were removed with the following results:

Sixteen recovered from the operation and two died. Of the sixteen recovered, three have been discharged from the hospital completely restored, both physically and mentally; in ten, considerable improve-

ment followed the operation in both physical and mental conditions, and in three, the operation was of too recent a date to allow any definite expression of opinion.

The mental disorder present in the eighteen cases was melancholia in six cases, simple mania in one, puerperal mania in four, hysterical mania in one, periodic mania in two, hystero-epilepsy with mania in one, and epilepsy with mania in three.

The author basing his opinion upon his experience, concludes as follows :

"The facts recorded demonstrate first ; that there is a fruitful field for gynecological work among insane women ; second, that this work is as practicable and can be pursued with as much success in an insane hospital as elsewhere ; and third, that the results obtained not only encourage us to continue in the work, but require us, in the name of science and humanity to give to an insane woman the same chance of relief from disease of the ovaries and uterus that a sane woman has."

BOOK REVIEWS.

A SYSTEM OF GYNECOLOGY, based upon a translation from the French of SAMUEL POZZI, M.D. Revised by CURTIS M. BEHR, M.D. Complete in one volume; 359 illustrations. Price, cloth, \$6.00; sheep or half morocco, \$7.00. J. B. Flint & Co., New York.

Medicine is ever on the advance, and to be abreast of the times, one must be a well-read man. Of making of books, there seems to be no end, and it is the province of the reviewer as critic to chronicle the excellencies of the various works and pass judgment on their relative values. As the number of operations multiply and are modified by the ingenuity of the operator, and as the indications for them are more clearly detailed, it must needs follow that the works become more cumbersome until it is often a severe task for the busy practitioner to sift from the great mass, just what he needs; realizing this fact, the reviser has endeavored to give the medical public, in one volume of 604 pages, the essentials of Pozzi's excellent work.

Straws show which way the wind blows, and one may often judge of the value of a work by its attention to the minutiae, for example, in Chapter III there is a resumé of means of reunion and hemostasis, fully illustrated and right to the point. He recommends the flat Hagedorn needle and demonstrates its superiority by a cut, the punctures being coaptated by drawing on suture instead of pulled open as with ordinary needle. The different styles of suture are given with their special applications. He uses catgut exclusively, placing silk or silver wire at sustaining points.

"Be sure you're right, then go ahead," is a motto to be remembered in surgery as well as in politics, and the only guide to right action surgically is a correct idea of pathology. Eighteen pages are devoted to the pathological anatomy of metritis, elucidated by cuts of microscopical sections. The symptoms are fully discussed and indications for treatment considered in Chapters V—VII.

Seventy-eight pages are allotted to the subject of fibroid tumors, special attention being given to the description of operative procedure; the intra and extra-peritoneal methods of disposing of pedicle with various modifications are described in detail and special indications for their application tabulated.

Although much of this work is given up to the major operations, the author does not disdain minor gynecology, not even neglecting to call attention to the fact that a woman can do much toward correcting the retro-displacements of uterus by the morning and evening assumption of genu-pectoral position and sleeping on abdomen or in semi-prone position. Electricity receives little attention at his hands. Its application in dysmenorrhea, being dismissed with the sentence: Wylie thinks a great deal of electricity; he places the positive pole in the cavity of the cervix.

If asked in one word to tell in what Pozzi excels, the reviewer would unhesitatingly say, operative technique; while some works will tell what and when to do, this explains carefully *how* as well. It would be impossible to mention all that is of value, but it is sufficient to say that no one practicing gynecology should be without this latest, and in many respects, best work on the subject. All that has been said in favor of this volume applies with greater force to the larger two-volume edition, published by Wm. Wood & Co., but he who cannot afford the latter or has not time to study the complete work, will be well repaid in the purchase of this.

There are two drawbacks, both of which should be remedied, in a second edition; first, the absence of an index, and second, the astonishing prevalence of typographical errors, nearly every page containing one or more.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly report of the progress of the general sanitary sciences throughout the world. Edited by CHARLES E. SAJOUS, M.D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. In five volumes. 1892. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago and London. Australian agency: Melbourne, Victoria. Price, \$15.00.

The first issue of this great work was in 1888, and in each succeeding year since then there has been some improvement, but this has been principally in details. The work was well conceived from the beginning, and has shown the leadership of a masterly

mind. A detail review of a work of this nature is entirely out of question, but of its general features we have only words of praise. For the specialist, or for the general practitioner, who desires to keep pace with medical progress, this work is indispensable as it offers everything new, worthy of credence in a compact form and classified at the price of three or four weekly medical journals.

We note with pleasure that the advertisement to which we have taken exception in the past two or three annuals, are becoming less in number and less conspicuous as to position. Those which remain are probably on time contracts, and will make their disappearance in a year or two.

A proposed innovation in the next annual we believe will be of great value, viz: wherever possible, the address of the author quoted will be inserted, this will enable readers to communicate with the writers whenever they may so desire, and at the same time give due recognition to the individual quoted.

For the next three years the chief editor, Dr. Chas. E. Sajous, will reside in Paris, France, where he will issue synchronously with the American a French edition of the annual. This will give our American physicians a greater recognition abroad than they have ever before received.

A NEW PRONOUNCING DICTIONARY OF MEDICINE. Being a voluminous and exhaustive handbook of medical and scientific terminology, with phonetic pronunciation, accentuation, etymology, etc. By JOHN M. KEATING, M.D., LL.D., Fellow of the College of Physicians of Philadelphia; Vice-President of the American Paediatric Society; Ex-President of the Association of Life Insurance Medical Directors; formerly Visiting Obstetrician to the Philadelphia Hospital (Blockley), and Lecturer on the Diseases of Women and Children; Consulting Physician for the Diseases of Women, St. Agnes' Hospital, Philadelphia; Gynecologist to St. Joseph's Hospital, Philadelphia; Editor "Cyclopædia of the Diseases of Children," etc.; and Henry Hamilton, Author of "A New Translation of Virgil's Aeneid, into English Rhyme"; Co-Author of "Saunders' Medical Lexicon," etc., with the Collaboration of J. Chalmers DaCosta, M.D., and Frederick A. Packard, M.D., with an appendix containing important tables of bacilli, micrococci, leucomaines, ptomaines, drugs and materials used in antiseptic surgery; poisons and their antidotes; weights and measures; thermometric scales; new official and unofficial drugs, etc., etc. Philadelphia: W. B. Saunders, 913 Walnut street. 1892. Price, cloth, \$5.00, sheep, \$6.00 net.

The central idea of this dictionary as to pronunciation cannot be more concisely stated than by quoting a sentence from the introduction: "In our own use we have, after careful thought, followed the custom of the majority of the English-speaking physicians, and, though sanctioning both methods (Roman and English) as coming from high authority, adopted in a large part anglocized pronunciation without hard and fast rules." This is certainly sound sense and is sanctioned by many of our best educators. We are living in the United States and in the nineteenth century, and let us talk English as she is spoke here and now.

For one the reviewer much prefers to use *mucilago acaciæ* as a demulcent instead of *mookeelahgo ahkahkei*.

He gives a table of prefixes and suffixes which is an admirable key to medical nomenclature—a careful perusal of which would enable most any one to translate into the vernacular a large per cent of technical terms.

The appendices are especially voluminous and contain a large amount of useful information.

It is, of course, well nigh impossible to edit a book without errors. In the introduction the author gives *bit'umen* as an example of a word with an accent on the penultimate, both in Latin and English, this must be a typographical error of *bitu'men*, the same is true of *ao'umen* for *acu'men*, *hor'izon* for *hori'zon*, *dec'orum* for *deco'rum*. Again, on the next page (12), he correctly states that a few trisyllables used as nouns are accented on the first syllable, and as verbs on the third as *o'verflow* not *over'flow*, noun; and *overflow'*, verb.

Although this work is not so extensive as some of the medical encyclopedias now on the market, it fulfills its claims as a pronouncing dictionary satisfactorily. It confines its attention chiefly to medical terms omitting to a considerable extent botanical and zoological names. The student or practitioner will find it however, a handy book, the style of type with the words in heavy form render the finding of a word an easy matter.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology, and Dermatology. By Professors and Lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M.D., Colorado Springs, Col., Fellow of College of Physicians, Philadelphia; formerly Consulting Physician for Diseases of Women to St. Agnes' Hospital; Gynecologist to St. Joseph's Hospital; Visiting Obstetrician to the Philadelphia Hospital and Lecturer on Diseases of Women and Children, Philadelphia; Editor "Cyclopædia of the Diseases of Children." Judson Daland, M.D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis and Symptomatology in the University of Pennsylvania; Assistant Visiting Physician to the University Hospital; One of the Examiners of the Insane to the Philadelphia; Visiting Physician to St. Clement's Hospital, Philadelphia. J. Mitchell Bruce, M.D., F.R.C.P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M.D., F.R.C.P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volume I. Second Series. 1892. Philadelphia: J. B. Lippincott Company. 1892. Price, \$2.75.

The first series of International Clinics certainly demonstrated their right to an existence. They are well worthy the support of the profession throughout the country, and if the standard established by the first series be maintained, they will be almost as universally subscribed for as are some of the leading weekly medical journals.

In the small space allowed for a review of this character, anything critical cannot be undertaken, but we can call attention to the more noteworthy lectures: *The Pulmonary Complications of Influenza*, by Dr. J. M. DaCosta; *Pernicious Anaemia*, by Dr. Alexander McPhedran; *The Diagnosis of Pulmonary Tuberculosis*, by Dr. Theodore Williams; *Night-Sweats of Phthisis*, by Dr. T. E. Taylor; *Diphtheritic Paralysis*, by Dr. W. G. Mackenzie; *General Paresis*, by Dr. B. Sachs; *Examination and Treatment of Eye-Diseases in Children*, by Dr. R. Marcus Gunn; *Treatment of Constipation in Children*, by Dr. O. P. Rex; *The Treatment of Anterior Urethritis*, by Dr. Edward Martin; *The Treatment of Bladder Tumors*, by Dr. F. S. Watson; *Benign Growth of the Larynx*, by Dr. G. M. Lapperts. These do not represent more than one-fifth of book, but they serve to show the character of the book.

THE CALIFORNIAN for October justifies its title of an illustrated magazine by giving eight handsomely illustrated articles out of the twenty, and eighty-five finely executed illustrations, engravings, half-tones, etc. The craze for Indian baskets that has swept over California, and the remarkable prices paid for baskets will make the paper on baskets by Mrs. Carr of especial interest. The illustrations of this paper show some of the finest collections made. Chas. Frederick Holder, editor of THE CALIFORNIAN, gives some of his seven years' experience on a coral reef in a handsomely illustrated article on corals. The papers on the Chinese, by the Rev. F. J. Masters, have attracted wide attention all over the world. In the present article he presents another and better known side, and well answers the question, Can a Chinaman be converted? The illustrations show Chinese clergymen of various denominations. The results of ostrich farming in the West are graphically told by Mrs. M. C. Frederick. The Los Angeles of the last three years, the marvelous growth of the city and its future are well presented in a fully illustrated paper by the well-known author, James R. Henderson. Ex-Gov. Lionel A. Sheldon continues his series on General Garfield, describing the election in which he was a prominent figure, and Major Bonsall, President of the City Council of Los Angeles, asks and vigorously answers the question, Shall Machine Politics Rule? Mr W. H. Mills, President of the State Board of Trade, writes on the question of the distribution of our fruits, and makes a presentation of facts of the greatest interest to Californians, and to those interested in the true development of the State. The great interest in all circles in Mars will be increased by the valuable paper on signaling with our neighbor Mars, by W. M. Pierson, President of the

Astronomical Society of the Pacific, who presents some novel views.

25 cents copy, \$3 per year: San Francisco.

ELECTRICITY IN THE MEDICAL PROFESSION.

To physicians and surgeons:—The *ELECTRICAL REVIEW* will present a department devoted to the various applications of electricity in your profession.

The first installment will appear September 10th, 1892, and will continue weekly.

Dr. J. Mount Bleyer, the eminent specialist of New York, has been engaged to conduct this department. This is a sufficient guarantee of its value.

Every progressive physician in the United States will be interested in this important work, and should include the *ELECTRICAL REVIEW* in his list of journals.

The price of the *REVIEW* is \$3.00 per annum in advance; \$1.50 for six months. By subscribing at once you will have complete files.

This department has been established after due consideration of the many important questions involved, and in response to numerous demands for such information. The co-operation of your great profession is respectfully invited. All correspondence relating to professional matters should be addressed to Dr. J. Mount Bleyer, care of the *ELECTRICAL REVIEW*; that relating to business matters to the *REVIEW* direct.

Kindly let us hear from you, not only with your subscription, but with an expression of your interest in this work. Sample copy sent you with our compliments, when requested, should you not be familiar with the *REVIEW*.

Very respectfully yours, CHAS. W. PRICE, Editor.
13 Park Row, N. Y., Aug. 30, 1892.

Mr. Howells will begin in the November *COSMOPOLITAN*, a department under the attractive title: "A Traveler from Altruria." Those who have seen the first two papers think they will equal in interest and in their wide appeal to all classes, the Breakfast Table Papers of Dr. Holmes. In order to give the necessary time to this work, Mr. Howells has turned over the detail editorial work to Mr. Walker.

Shakespeare says "What's in a name?" We think could he but see the October number of *TOILETTES*, the quotation would have been changed, as no name but the one chosen by the publishers of that superb Fashion Magazine, could ever express or imply so

much and with such sweet enjoyment to the eyes and minds of our fair mothers, wives and daughters as the grand and only TOILETTES. For sale by all Book and News Dealers at the low price of 15 cents, or \$1.50 for a year.

ORIGINAL COMMUNICATIONS IN OCTOBER THERAPEUTIC GAZETTE.—“The Treatment of Pulmonary Tuberculosis by Creasote:” “The Result of a Careful Analysis of the Effect of the Drug upon the Disease;” “Process and Secretions of 228 Cases.” By Dr. E. R. Graham, Professor of Children’s Diseases in the Jefferson Medical College. Dr. Graham’s paper has been studied with the utmost minute detail, even to the chemical analysis of the secretions, and is one of the best and most thorough papers ever published on the use of creasote in phthisis.

“A Case of Pneumonia Treated by Transfusion of Blood from a Convalescent Case; Recovery.” By Dr. William E. Hughes, Physician to the Philadelphia Hospital. This is one of the new cases treated according to the new anti-toxine method and on the basis that pneumonia is a specific infectious disease. The paper of Hughes on the treatment of pneumonia by transfusion from a patient convalescing from pneumonia, practically marks an epoch in American medicine, as, so far as is known, this is the first instance in which the method has been followed in this country.

CHRONIC PROSTATITIS, IRRITABILITY OF BLADDER AND URETHRA, WITH INCONTINENCE OF URINE.—I tested Sanmetto in a case of chronic prostatitis and great irritability of bladder and urethra, with incontinence of urine; and continued its use until two and one-half bottles were taken, when the patient reported at my office entirely cured. Two months have elapsed and no return of the malady. The case may be of interest in view of the fact that the patient referred to was treated unsuccessfully for a period of six weeks in one of the leading hospitals of this city for the same trouble before reporting to me. I regard Sanmetto as par excellence in all diseases of the genito-urinary organs. I prescribe it every day, and patients are all benefited thereby.

J. F. GRAHAM, M.D.

Washington, D. C.

ANNUAL ANNOUNCEMENT OF THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA. Founded 1885, 447 Aliso street, Los Angeles, Cal.

CARE OF THE INSANE. By H. G. Brainerd, A. B., M. D., Los Angeles. Professor of Diseases of the Mind and Nervous System; College of Medicine of Southern California. Reprint from Southern California Practitioner, July, 1892.

VOL. VII 49

- FIFTY-SECOND ANNUAL ANNOUNCEMENT OF THE MISSOURI MEDICAL COLLEGE**, Session 1892-93, and Catalogue of Session 1891-92. Corner of Lucas anenue and Twenty-second street, St. Louis, Mo. Regular session begins September 27, 1892.
- NINTH ANNUAL ANNOUNCEMENT OF THE MEDICAL AND DENTAL DEPARTMENTS OF THE NATIONAL UNIVERSITY**, 1892-93. Mt. Vernon Square, corner Eighth and K streets, N. W., Washington, D. C.
- UNIVERSITY OF MICHIGAN**, Department of Medicine and Surgery. Annual Announcement, 1892-93. Ann Arbor, Mich., 1892.
- ABORTION**. By E. S. McKee, M. D., Cincinnati, O. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XXIV, No. 11, 1891.
- INSUFFICIENCY OF THE OCULAR MUSCLES—HETEROPHORIA—CAUSE OF HEADACHE**. By Dr. Flavel B. Tiffany, Professor of Ophthalmology, Otology and Microscopy of the University of the Medical College of Kansas City, Mo., etc. Reprint from the Kansas City Medical Record, July, 1892. Read before the Missouri State Medical Society, Pertle Springs, May 17, 1892.
- ABSTRACT OF THE MINUTES OF THE MEETING OF THE STATE BOARD OF HEALTH OF THE STATE OF ILLINOIS**, held in the City of Chicago July 27, 1892. Illinois State Board of Health, Springfield, Ill.
- REPORT ON ABDOMINAL AND PELVIC SURGERY**, Including Thirty-two Successful Cases of Laparotomy. Report of the Chairman of the Committee on Abdominal and Pelvic Surgery, read before the Kentucky State Medical Society May 6, 1892. By William H. Wathen, M. D., of Louisville, Ky., Professor of Abdominal Surgery and Gynecology in the Kentucky School of Medicine; ex-President of the Section on Obstetrics and Gynecology of the American Medical Association, etc., etc. Reprinted from the Journal of the American Medical Association, June 4 and 11, 1892.
- RUSH MEDICAL COLLEGE**, Chicago, Medical Department of Lake Forest University. Fiftieth Annual Announcement, 1892-93.
- HEPATIC ABSCESS**, Report of a case, with remarks upon the Amœba Coli. By William A. Edwards, M. D., and James Sears Waterman, M. D., San Diego, Cal. Reprinted from Pacific Medical Journal, March, 1892.
- SOME EFFECTS OF BLENNORRHEA IN WOMEN**. By James T. Jelks, M.D., Hot Springs, Ark. Reprinted from the American Gynecological Journal, Toledo, O., March, 1892.
- BLENNORRHEA**. By the same author as the above.
- TWO CASES OF CARCINOMA OF THE UTERUS**. By the same author as the above. Reprinted from the Journal of the State Medical Society of Arkansas, February, 1891.
- NOTES ON THE HYSTERICAL CONCOMITANTS OF NERVOUS DISEASE**. By C. H. Hughes, M. D., St. Louis, Mo. Read before the Neurological Section of the American Medical Association, Detroit, June 7, 1892. Reprint from the Alienist and Neurologist, July, 1892. St. Louis, Mo.
- INSOMNIA IN AN INFANT**, with reflections on Pathological Sleeplessness. By C. H. Hughes, M.D., St. Louis, Mo. Reprint from the Alienist and Neurologist, July, 1892. St. Louis, Mo.
- MEDICAL MANHOOD AND METHODS OF PROFESSIONAL SUCCESS**. Valedictory address before the graduating class of the Marion-Sims College of Medicine, at St. Louis, April 25, 1892. By C. H. Hughes, M.D., President of Barnes Medical College, St. Louis. Reprint from the Alienist and Neurologist, July, 1892. St. Louis, Mo.
- RIVER AND HARBOR IMPROVEMENTS**. Speech of Hon. Watson C. Squire, of Washington, in the Senate of the United States, in the support of the Amendment providing for the Improvement of the Water Way between Puget Sound and Lakes Union and Washington, Thursday, June 16, 1892. Washington, 1892.
- COAST DEFENSES. IN TIME OF PEACE PREPARE FOR WAR**. Speech of Hon. Watson C. Squire, of Washington, in the Senate of the United States, Friday, July 15, 1892.
- THE CHINESE QUESTION**. Speech of Hon. Watson C. Squire, of Washington, in the Senate of the United States, Monday, April 25, 1892. Washington, 1892.
- FIRST ANNUAL ANNOUNCEMENT OF WOMAN'S MEDICAL COLLEGE OF SAINT LOUIS**, 1414 Lucas Place. Prof. G. W. Broome, Dean, 520 Olive street, St. Louis, Mo.

METEOROLOGICAL SUMMARY.

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MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of September, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	70	80	59	0	Mean Barometer, 29.951.
2	66	78	54	0	Highest barometer, 30.051, date 17, 18.
3	64	77	51	0	Lowest barometer, 29.827, date 27.
4	64	75	52	0	Mean Temperature, 67.8°.
5	66	80	53	0	MONTHLY RANGE OF BAROMETER:
6	70	85	55	0	Highest temperature 95°, date 24.
7	69	83	55	0	Lowest temperature 50°, date 19.
8	68	82	54	0	Greatest daily range of temperature 36°, date 24.
9	70	83	56	0	Least daily range of temperature 14°, date 21.
10	68	81	56	0	MEAN TEMPERATURE FOR THIS MONTH IN
11	66	79	52	0	1877.....70° 1882.....68° 1887.....68°
12	67	78	56	0	1878.....66 1883.....72 1888.....68
13	68	80	56	0	1879.....67 1884.....66 1889.....73
14	69	81	57	0	1880.....64 1885.....70 1890.....71
15	66	79	53	0	1881.....68 1886.....66 1891.....72
16	70	81	60	0	Mean temperature for this month for 16 years, 68.6°.
17	68	83	53	0	Total deficiency in temp. during the month, 58°.
18	68	84	53	0	Total deficiency in temperature since Jan. 1, 385°.
19	62	75	50	0	Prevailing direction of wind, W.
20	64	76	53	0	Total movement of wind, 2193 miles.
21	66	73	59	0	Maximum velocity of wind, direction, and date,
22	68	76	60	0	14, W., 7.
23	66	80	52	0	Total Precipitation, .0 inch.
24	77	95	59	0	Number of days on which .01 inch or more of
25	76	89	62	0	precipitation fell, ..
26	73	86	60	0	TOTAL PRECIPITATION FOR THIS MONTH IN
27	68	79	56	0	1878..... .00 1883..... .00 1888..... .03
28	65	73	57	0	1879..... .00 1884..... T 1889..... .00
29	66	76	57	0	1880..... .00 1885..... .05 1890..... .06
30	65	77	53	0	1881..... T 1886..... .11 1891..... .00
31	..	..	..	..	1882..... T 1887..... .18 1892..... .00
					Average precip'n for this month for 16 years, .03.
					Total deficiency in precip'n during month, .05.
					Total deficiency in precip'n since Jan. 1, 1.86.
					Number of cloudless days, 20.
					" partly cloudy days, 10.
					" cloudy days, 0.
					Dates of frost.
					Mean dew point, 58.
					Mean humidity, 74.

NOTE.—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., SEPT., 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direct- tion	Total Mov't
Los Angeles	67.8	95.0	56.0	29.95	...	0	.00	20	10	0	W	2,193
San Diego	65.4	86.0	54.0	29.96	...	0	T	20	8	3	E	3,480
Santa Barbara ...	64.2	86.0	49.0	...	78.0	0	T	22	6	2	W	2,693
Yuma,	87.0	111.0	65.0	29.82	42.0	1	.04	25	5	0	W	3,339
Riverside .....	...	...	...	...	...	...	...	...	...	...	...	...

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vall, Santa Barbara; O. J. Stacy, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

August, 1892.

CAUSE OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
CLASSES	Deaths from all causes.....	82	15.14	52	30	23	6	28	45	79		3	
	Deaths under 5 years.....	21											
	I. Zymotic diseases.....	9	1.66										
	II. Constitutional diseases.....	18	3.32										
	III. Local diseases.....	41	7.57										
	IV. Developmental diseases.....	7	1.30										
	V. Accident and violence.....	3	.55										
	I. Typhoid fever.....	1		1					1	1			
	Typho-malaria fever.....												
	Diphtheria.....												
Measles.....	1		1		1				1				
Scarlet fever.....													
Smallpox.....													
Whooping cough.....	1		1		1				1				
Croup.....	1			1	1								
Pyæmia.....	1		1					1	1		1		
Septicæmia.....													
Diarrhœal } Under 5 years.....	4		4		4				4				
Diseases } Over 5 years.....													
II. Cancer.....	3		2	1		1		2	3				
Scrofula and Tabes-mesenterica.....													
Phthisis pulmonalis.....	14		10	4	1	2	5	6	12		2		
Tubercular meningitis.....	1			1	1				1				
III. Meningitis.....	7		4	3	3		4		7				
Apoplexy.....	5		3	2		1	2	2	5				
Convulsions.....													
Diseases of nervous system.....	3		1	2	2	1			3				
Diseases of heart.....	8		6	2	2		3	3	8				
Aneurism.....													
Bronchitis.....													
Pneumonia.....	1		1		1				1				
Diseases of respiratory system.....	4		3	1			3	1	4				
Bright's disease.....	5		5		1		2	2	5				
Enteritis, gastritis, peritonitis.....	6		1	5	1	1	3	1	6				
Diseases of liver.....	2			1				2	2				
Diseases of urinary organs.....													
IV. Puerperal diseases.....	1			1			1		1				
Inanition and marasmus.....	5		2	3	4		1		5				
General debility and asthenia.....	1			1			1		1				
Dentition.....													
V. Suicide.....	1		1					1	1				
Accident and violence.....	2		2				1	1	2				

Deaths from causes not enumerated in the above list: Gangrene of Lung 1; Abdominal Tumor, 1; Strangulated Hernia, 1; Ovarian Tumor, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

CATARRHAL AFFECTIONS.—An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche or syringe, is prepared as follows:

R. Acidi Boracici.....	3 i
Sodii Borat.....	3 i
Sodii Chloridi.....	3 ss
Listerine.....	3 ii
Aquæ Puræ.....	6 vi

M.

Our Advertisers.

HABITUALLY MOIST FEET.—This is found most frequently in such persons as live well and take little exercise. Also in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the employment of foot-baths of a strong solution of Extract of *Pinus Canadensis* (Kennedy's) every night, and the use of powdered boracic acid, or salicylic acid, mixed with lycopodium, oxide of zinc, or other inert powder, constantly applied inside the stockings.—Dr. Jamison's Periscope in *Edinburgh Medical Journal*.

You can easily add to your popularity and usefulness by following the instructions given by the McArthur Hypophosphite Co., on page two of cover of this issue. Their syrup is a standard and reliable preparation. It is not a conglomerate mass of polypharmacy as some others in the market, but embodies the valuable therapeutical properties of the Hypophosphites of Lime and Soda, without objectionable ingredients.

"During the past year we had under our care a young lady, the daughter of the mayor of a neighboring city, whose life was being greatly marred by a painful affliction of the eye, which had baffled the skill of several of the leading oculists of this country and Europe. It was finally decided to be due to a peculiar uterine condition. Only a few such cases have been known. She was altogether cured of the trouble, which had existed for over four years, by tablets of Ponca Compound."—*Ed. Mass. Medical Journal*, Boston.

CHRONIC RHINITIS.—In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts of water. Note: The iodine is decolorized in preparation, a clear solution of light amber color resulting:

R	Sodii Boras.....	3 ss
	Sodii Bicarb.....	3 i
	Aquæ Puræ.....	3 ii
	Dissolve and add	
	Acid. Carbol.....	grs. xv
	Tr. Iodi.....	3 iii
	Listerine.....	q.s. ft. 3 vi

M.

DIURETIN—KNOLL IN INFANTILE PRACTICE.—

According to the observations of Dr. R. Demme, Professor of Pediatrics to the Faculty of Medicine of Berne, diuretin may be administered in the daily dose of .50 to 1.50 grammes ($7\frac{1}{2}$ to 22 grains) to children of from two to five years old, and in daily doses of 22 to 45 grains in children of six to ten years. In infants less than a year old the drug is contra-indicated, as it easily provokes gastro-intestinal irritation in these young patients.

Care should be taken in prescribing diuretin as it is liable to be decomposed by certain substances. M. Demme recommends the following:

Diuretin	gr. xxij
Distilled water	3 iij
Brandy	gtt. x
Sugar	grs. xl

M. Sig. To be taken in the course of twenty-four hours in doses of one tablespoonful.

Dr. Demme's observations have convinced him that diuretin is a good diuretic for children, exempt for the most part of all unpleasant influence, and probably acting on the renal epithelium.

Under the influence of diuretin, the dropsy of scarlatinal nephritis disappeared more quickly than by the action of any other medicament. It suppresses very rapidly the anasarca and serous effusions in cases of mitral disease, when the compensation has been previously established by means of digitalis.

The diuretin was generally well supported and it had no cumulative action. However in one case of generalized dropsy in a child of ten years, suffering from amyloid degeneration of the liver, spleen and kidney, Dr. Demme has seen a morbilliform eruption with abundant diarrhoea, after the injection of 90 grains of diuretin in the space of four days.—*La Semaine Médicale*, February 24, 1892.

THE PLACE FOR PEPTONE.—

Peptone—a digested proteid, and therefore soluble and highly diffusible, is of first value where a proteid pure and simple is required, and cannot, in its ordinary form of flesh, beef, fish, eggs, etc., be digested and assimilated. But, as in health, all forms of food stuffs are required, proteid, carbo-hydrate, fat and mineral elements, so in most cases of illness, complete aliment is also required; the problem is to render food digestible.

By means of the pancreatic ferments, as applied in the *Fairchild special products and process*, all forms of food stuffs may be readily adjusted to any required degree of pre-digestion. Wheaten grits, oatmeal porridge or gruel, are made thin and watery

by the conversion of their gluten into peptones and their starches into dextrins and glucose. Beef is made into a savory broth, containing all the extractives and salts as well as peptones. Milk, the "complete aliment" is marvellously susceptible to digestion by the Fairchild process, by which means its caseine is readily altered to soluble forms (peptones) without rendering the milk in the slightest degree unpalatable. There are no foods for the sick so commendable and so congenial to the usage of the medical profession as those by the simple and scientific process, practically perfected by Fairchild Bros. & Foster, New York.

GONORRHEA.—

R S. H. Kennedy's Ext. Pinus Canadensis.....	3 2
Glycerine	3 1
Port Wine.....	3 2
Hydrastia Sulph.....	gt. 4
Aquæ Destill	3 2

THE MEDICINAL VALUE OF A TRIED AMERICAN REMEDY.—Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

That this faith is justified in practice, is evidenced by its unfailing remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sunstroke, hemicrania and la grippe (influenza and dengue); also all neuroses due to irregularities of menstruation. In antikamnia these properties are more speedily, more safely and more efficiently manifested than in any of the others.

Antikamnia is a true derivative from organic substances, and its widespread adoption by the profession has made it the basis of a market for the imitators.

After all, "imitation is the sincerest flattery."

DEAR DOCTOR:—

Caution.

We find since establishing the fact the Elixir Three Chlorides, is an exceedingly valuable alterative and tonic, it has led to much silent substitution; we would, therefore, kindly ask of you to specify Renz & Henry's (R. & H's.) to insure a prompt and progressive result, pleasant taste and avoid any bad features.

RENZ & HENRY.

HAPPY and content is a home with "The Rochester," a lamp with the light of the morning. For catalogue, write Rochester Lamp Company, New York.

I DESIRE herewith to acknowledge the efficacy of Peacock's Bromides, and to say that I have recommended and prescribed it in nervous prostration, intestinal indigestion and dyspepsia, with admirable results, and have yet to be disappointed in this preparation when indicated as a tonic and nerve sedative.

EDWIN DOUGLAS WEBB, M.D.

Washington, D. C.

GONORRHEA.—In compliance with a request from a medical brother, I send you the formula I use in treating gonorrhea in the male. But before proceeding with my favorite way of treating this disorder, I will give a formula which I have used many times with much success.

R Bals. Copaibæ 1 ounce.
 Tinct. Cubebæ..... $\frac{1}{2}$ ounce.
 Salol 84 grains.
 Ol. Gaultheriæ..... 1 drachm.
 Syr. Acaciæ..... q. s. ad..... 3 ounces.

M. Sig.: Teaspoonful two hours after meals, three times a day. To be well shaken.

The above formula is the best I ever used, until I devised the following treatment:

R Lithiated Hydrangea (Lambert)..... 4 ounces.

Sig.: Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

R Morph. Sulph..... 4 grains.
 Zinc. Sulpho-Carbolate..... 40 grains.
 Peroxide Hydrogen..... $4\frac{1}{2}$ drachms.
 Aquæ Dest..... q. s. ad..... 4 ounces.

M. Sig.: Use syringeful, after urinating, three times a day.

In writing for the above I write three prescriptions, one for lithiated hydrangea, one for ol. gaultheria and one for injection.

I always instruct the patient to exercise great care, when using the syringe, to press the urethra with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder.

In the hydrangea we have, par excellence, the remedy for the painful urinating, combined with the lithia, which is as pleasant a diuretic as is needed. The oil of gaultheria can well serve the same purpose as the balsam of copaiba, while the injection will quickly exterminate the exciting cause.

B. FRANK PRICE, M.D.

Braddock, Pa.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, NOVEMBER, 1892.

NO. 11

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Original.

*WOUNDS AND DISEASES INVOLVING BOTH ABDOMEN AND THORAX.

BY J. M'FADDEN GASTON, ATLANTA, GA.

*President Southern Surgical and Gynecological Association; Professor
of Surgery in Southern Medical College, etc.*

The important relations of the viscera lying above and below the diaphragm in the normal state, assume a much greater significance when they become disturbed by wounds or by pathological conditions.

Certain parts of the vital organism belong exclusively to the thoracic or to the abdominal region, while other structures extend through the partition, so as to occupy both of these divisions. To the latter class belong the aorta, the vena cava, the great sympathetic nerve, the lymphatic system and their respective ramifications. The alimentary mechanism is intimately connected with both compartments, while all the elaborating processes are carried on in the lower division. All the movements and sensations of the body depend upon the supply of nerve power by the medulla spinalis, which, included in its bony casing, sends out its lines of communication as it descends on the posterior portion of the thorax and the abdomen. With these vascular, lymphatic and nervous communications between the organs included in the upper and lower cavities of the body, we are prepared to understand how the troubles of each may be propagated to the other. While the principle of sympathy between the different structures is a recognized pathological condition, it is explained on the same

*Abridgement of paper presented by invitation to Alabama State Medical Association during its session in Montgomery, April 13, 1892.

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basis of effects, which characterizes reflex disturbances, and must be accounted for through the interlacing of the nerve filaments.

The ordinary sequence of a local disorder, whether traumatic or idiopathic, is not generally distributed to all the surrounding structures, but in certain directions and by fixed channels, to a definite class of tissues under the influence of pathological laws.

The revolution is notable through which thoracic and abdominal surgery has passed in the last quarter of a century. The favorable results of thoracotomy and laparotomy demonstrate a recuperative power on the part of the pleura and peritoneum which is well illustrated by a case of extensive wound reported by Brokaw, of St. Louis.

A typical case of thoraco-abdominal wound occurred under my observation in the early part of 1891, in the person of a young negro man. While engaged in a fight he was stabbed in the left side, the blade of the knife entering above the tenth rib on a line descending perpendicularly from the nipple. It passed inward and downward through the pleural cavity, penetrating the diaphragm and invaded the abdominal cavity. When I was called to him at Providence Infirmary, some hours after the injury was received, it was ascertained that he had vomited repeatedly from the effects of beer which he had been drinking. He lay in a semi-conscious state when left alone, but became agitated and violent when disturbed, and was therefore given a hypodermic of morphine, grain 1-4, atropia, grain 1-150, to secure composure for the surgical operation.

Upon examination, I found a hernial protrusion of the omentum about the size of a hen egg outside of the cutaneous opening. Pressing steadily with my fingers around and above this mass, it was gradually carried back through the external wound. But upon pressing my index finger within and following up the tissue of the hernia, it was passed through an incision through the diaphragm and lodged in the abdominal cavity. As the opening in the diaphragm lay entirely below the opening in the skin, it was found practicable to have pressure made effectually by the fingers of an assistant placed below the tenth rib, so as to occlude the incision in the diaphragm, and thus prevent the recurrence of the protrusion. I then proceeded to unite the edges of the wound by suture, passing the needle deeply through the margins of the divided intercostal tissues, thus bringing about a complete co-aptation of the wounded thoracic wall.

With a view to compress the abdominal viscera from above downwards, a firm roll of cotton was secured over the wound and the lower ribs by a bandage carried around the waist. The

patient was kept under the influence of an opiate in the recumbent position, without taking any fluid into the stomach, and there was no return of the vomiting, which had evidently forced the omentum upwards through the opening in the diaphragm and the chest wall. No unfavorable symptoms followed the injury, and upon removing the stitches, at the end of a week, the external wound had healed completely, by first intention.

The most important class of injuries to the abdominal and thoracic viscera are those inflicted by fire-arms. The medico-legal aspect of gunshot wounds arrests attention especially, and the difficulty of determining upon the course of a ball in either of these cavities when there is only a point of entrance brought under the observation of the surgeon is generally recognized.

The practical bearing of a case, which was examined in conjunction with several colleagues, warrants a report of the facts presented at the outset and subsequently.

The patient received a pistol-shot in the epigastric region, and no clue was obtained as to the course of the ball until two days afterward when soreness directed attention to the right side of the chest. Upon palpation the ball was found lodged between the seventh and eighth ribs, and hence must have passed diagonally inward and upward. It must have traversed the liver and the lower part of the pleural cavity, with perhaps injury of the lung. There was a marked tendency to collapse about twenty-four hours after the injury was received, which was attributed to hemorrhage into the right pleura. He rallied under the use of stimulants hypodermically applied, but died at the close of three days and no post mortem examination was made.

An instructive case of gunshot wound penetrating the upper portion of the chest, on the right side, and passing downward diagonally across to the left side of the abdomen, came under my observation a few years ago, in this city. I saw this patient in consultation about a month after the injury was received and then diagnosed empyema of the right pleural cavity, with the recommendation of an operation. But, on the following day, another colleague with a good surgical standing in the profession, joined in the consultation and gave an opinion in favor of waiting for further developments. My conviction was unchanged in regard to the urgency for evacuating the collection, but the attendant acquiesced in adopting the course of masterly inactivity in the case, and the patient succumbed in less than a week afterwards.

Being invited to participate in the post mortem examination, it was verified that the right pleural cavity was filled with pus to such an extent as to push the mediastinum beyond the median

line and to cause a depression of the diaphragm. The ball had traversed the liver and was found encysted in the omentum, with but slight indication of inflammation in the peritoneum or other abdominal viscera.

A counterpart of this last case has come under my observation recently in a gunshot wound entering the left side of the chest and ranging diagonally backward into the abdomen.

This was a white man, A. C., thirty-three years old, who was shot with a Smith and Wesson pistol of thirty-eight calibre by a man at his left side. I saw him about fifteen minutes after the shooting and found that the ball had passed through a thick coat, vest, shirt and undershirt, penetrating the chest wall between the sixth and seventh ribs on a line with the anterior axillary fold, and about an inch below a transverse line from the left nipple. It was out of my power to determine precisely what course the ball had taken, and upon a careful examination of the opposite side of the thorax by palpation, the presence of the ball could not be detected.

The patient labored under the influence of shock to a limited extent with a weak and frequent pulse, but there was no hemoptysis or dulness upon percussion over the left side, and the respiratory murmur was very evident upon auscultation over the front of the left lung. It was hence inferred that the ball had not penetrated the lung. About twenty minutes after the accident a hypodermic injection of morphine gr. 1-4, atropia gr. 1-150 was used and repeated in half an hour.

Upon learning two hours afterwards that he had vomited blood, a combination of ergot, digitalis and elixir of opium was given. Realizing that the stomach was perforated, I suggested next morning a laparotomy, but my colleague thought it best to leave the case to nature, and the patient was left in his charge.

As this kind of surgical conservatism was not calculated to avail for the relief of perforation of the stomach, it was not a matter of surprise that the case terminated fatally at the end of the third day from the night of the injury.

An autopsy made by the county physician, Dr. E. Griffin, under the direction of the coroner, revealed that the ball had passed through the thoracic wall, traversing the lower portion of the left pleural cavity just beneath the pericardium, thence perforating the diaphragm and the walls of the stomach, with those of the transverse colon. The conical ball was found lodged in the muscular tissues on the left side of the vertebral column, nearly opposite the seventh dorsal vertebra. There was but little blood in the pleura, but much in the peritoneum.

When the anatomy of all the parts involved is recognized, it will be understood that the ball passed nearly at a right angle with the axis of the body and came from a pistol held on a line with the external wound, by a person occupying a position obliquely on the left of the victim, as described by an eye witness.

The matter of practical moment in this case is the probable outcome of a laparotomy after the wound of the stomach was recognized by the vomiting of blood. In view of the fact revealed by the autopsy, that the colon and stomach were perforated, and that no other serious wounds existed, it appears that closing the openings might have averted death.

An interesting case, in which an injury over the sternum extended to the abdomen, has been treated in consultation in the person of a vigorous white man, with a fatal result.

A contused wound, without laceration of the skin or fracture of the bone, caused considerable pain in the chest at the outset, followed by febrile disturbances, and was ultimately complicated with cramp of the bowels and distension of the abdomen. There was marked thirst and vomiting from taking large quantities of fluids into the stomach. The intestinal torpor only yielded to frequent doses of calomel, followed by castor oil and spirits of turpentine.

While there were indications of traumatic pneumonia as a direct result of the injury, the transmission of the inflammatory process to the abdominal viscera induced peritonitis of a grave character. So far as could be learned from the history of the contusion, there was no violence immediately to the walls of the abdomen, and hence it was inferred that by a metastatic process inflammation was propagated to the peritoneum. Notwithstanding the employment of vigorous measures to combat the thoraco-abdominal complication, it ended fatally in the course of a week.

In illustration of the effects of pathological conditions implicating the abdomen and thorax, I recall an interesting case connected with gall-stones, which was under my care some years ago.

After long continued hepatic derangement, with evacuations of gall-stones by the bowels from time to time, there eventually developed a pulmonary disease with a very peculiar expectoration. It did not present the characteristic appearance of mucus or pus, but had a grumous and sanious character, with a most offensive odor, such as has never been encountered in any other case. This very remarkable stench permeated the apartments, so as to make it extremely unpleasant to remain in any part of the house, and there was a constant renewal of it from frequent expectoration of the dark brown matter by coughing. The patient had been for

several weeks in a very feeble condition, and only survived this pulmonary complication a few days.

An autopsy revealed several very interesting pathological complications.

An ulcerated communication between the abdomen and the thorax was the feature of the case bearing most directly upon the subject of this paper, and under peculiar conditions.

The precursory hepatic troubles in this case were so marked, that the subsequent developments were properly interpreted prior to the post mortem examination and yet I was not prepared to expect such a complete exclusion of the pleural cavity by the adhesions of the lung with the diaphragm. A tract of escape for the morbid products from the liver through the bronchial ramifications was opened up by the ulceration process, and had not the powers of the patient been already exhausted, it is inferred that the drain thus established might have afforded relief.

The following report has been received from Dr. D. A. K. Steele, of Chicago, in reply to my request for some notes in cases of liver abscess perforating the diaphragm:

"I beg to say that in 1874, I had under my care in the Cook County Hospital, a patient, male, aged thirty years, who was admitted to a medical ward, suffering from a severe cough, expectoration of large quantities of thick greenish yellow purulent sputum, occasionally tinged with blood. There was great emaciation, hectic temperature and the physical evidences of an empyema, discharging through a bronchus. He was treated for empyema for about ten days, when he died, and at the post mortem examination we found an abscess of large size in the right lobe of the liver that had ulcerated through the diaphragm into the right pleural cavity and was discharging through a large bronchial tube. It was an instructive case, as the liver abscess origin of the empyema had not been suspected."

From statistics of abscesses of the liver, published by a famous Mexican physician, Jimenez, it appeared that in fifteen cases an opening occurred before incision into the bronchi. In four cases, after incision, the discharges passed into the bronchi. In one case the opening was into the stomach, in one case into the pericardium, and in two cases into the pleurae.

Thus, it is found that the communication between the abdominal and thoracic cavities, by ulceration through the diaphragm, is more frequent than might have been expected from the paucity of recorded data in this country.

The difficulties attending a correct understanding of the complications growing out of thoraco-abdominal wounds and diseases

are such as to demand full investigation of this class of cases by the profession.

The anatomical relations of the thoracic and abdominal viscera, separated by the concavo-convex muscular partition of the diaphragm, renders a diagnosis of complex injuries highly important.

I have ventured upon this comparatively unexplored field of observation, with the hope of arousing an interest in this branch of surgery; and I trust that the points presented may elicit profitable discussion from those who may have experience in treating these complications.

*OBSTETRICS—REPORT OF CASE.

BY O. S. ENSIGN, M.D., ONTARIO.

On June 4, 1892, at 6 P.M., I was called to attend Mrs. W. on the occasion of her fifth confinement. Patient is a French Canadian, age 26, brunette, medium height and figure; had cared for a large family besides taking in washings and doing outside service.

Six years ago, at her third confinement, a malposition necessitated destruction of the child before delivery and a long illness followed. The nature of the illness and the exact procedure in removing the child I could not learn; but she said she went about all day with an arm out after a physician had seen her and told her she was progressing favorably. Two other physicians completed the service. Three years ago, at her fourth confinement, an arm presentation occurred again, but the child was successfully turned and delivered alive and is now living.

Digital examination revealed what appeared to be an elongated cervix over two inches in length. The inner os barely admitted the middle finger with two fingers in the vagina. The condition of the cervix gave the impression that the labor was considerably short of full term. The presenting part was so high that I could only diagnose a head presentation; the position of the head was not determined at that time. I left the patient with an attendant, went into another room and waited an hour. Another examination revealed no change. Meanwhile the patient had been making a great outcry, there being scarcely any intermission in the pain. There were no expulsive pains and the head remained all the time at the same high level. To relieve her suffering and to promote dilatation I commenced the administration of chloroform and ether, one-half each, my usual mode of employing anaesthetics. I continued this for another hour without any effect

*Read before the San Bernardino County Medical Society, October 11, 1892.

upon the uterus and but little on her sufferings. I now tried dilating with my finger while an attendant gave the anaesthetic. In two hours I was able, with the whole hand in the vagina, to insert the tips of three fingers into what I have called the internal os. But when I ceased my efforts to rest, the opening seemed to contract to its original size. As yet there was no descent. In this dilemma I resolved to use Barnes' dilators. I accordingly dispatched a note to Dr. Gregory to come and bring her dilators. The Doctor came and the necessity for their use agreed to. It was now about 1 o'clock, A.M., six hours having been spent in futile efforts to induce the labor to proceed. The smallest dilator was introduced with some difficulty and the larger ones in succession until, at 8 o'clock in the morning, the full benefit of the largest size was secured. All this time the anaesthetic had been pushed as far as was deemed prudent, but I must say without satisfactory results in relieving suffering. At this time and while the largest bag was in position, bearing down pains began to be quite marked which finally forced the dilator out of the uterus and out of the vagina. Dr. Gregory immediately made an examination—I was temporarily absent—and found the head still presenting with the occiput in the anterior oblique position. The membranes were not prominent nor had they been at any time. The head was still high and the constricting band a little over two inches in diameter. Almost immediately afterward the bag of waters began to protrude, and thinking that it would aid in further dilatation was left intact. An examination was now impracticable on account of the oncoming membranes which proceeded so fast that very soon a pouch was formed outside the vagina nearly as large as a baby's head. It seemed probable that the bag of waters, being engaged at the pelvic outlet, was inducing the satisfactory pains that the patient was now having, and we were reluctant to rupture lest the pains should cease. I did not think of the significance of this phenomenon which I shall speak of further on. The labor did not terminate and we felt compelled to rupture in order to ascertain the true state of the case. It was done and, as anticipated, expulsive pains immediately ceased. Imagine our surprise on examination that instead of the head an arm and a foot were presenting.

Our duty was plain now, viz., to introduce the hand, bring down the other foot and terminate the labor, a procedure I thought would offer no special difficulties. I requested the Doctor to push the anaesthetic to complete anaesthesia if possible. This was found impossible to do; so without further waiting I bared my arm and inserted my hand which immediately encountered the

same undilated ring that we had been working at with the dilators for seven or eight hours. It required some minutes for my hand to pass, and when it did pass I can only describe the contractions as "terrible". Put your hand in a vise exerting fifty pounds pressure and try to use it. That would be similar to my experience. Being imperfectly anaesthetized she resisted and eluded me so vigorously and with such frantic energy that I was almost tempted to desist from further effort. The husband was trying to hold her legs and the attendant her arms, but she was too much for both of them, while Dr. Gregory was almost as unsuccessful in applying the anaesthetic to her nostrils. All the time the patient was screaming frightfully and with murderous yells to "let it go"; and to make confusion worse confounded the combined weight of five of us suddenly bore the bed to the floor with a crash. But we could not stop now. I thought as she had survived so far she could stand anything and so renewed my search for that foot with renewed diligence. Soon after I found the object of my search which I grasped and together with the other foot brought down the body to the shoulders which, after some difficulty with the arms, were also delivered. That stubborn ring seemed to contract again and the head remained fast. A full minute at this critical time was occupied in manipulations to complete the delivery. This was done by flexing the child's body—its abdomen being upward—upon the mother's abdomen and exerting strong pressure externally upon the head. It was considerably asphyxiated but was resuscitated without difficulty. It died in a few hours. It is strange to say that after a few days of unusual soreness—not much more than I suffered myself—the woman made a good recovery and I think did a washing in ten days.

The points of interest in this case are as follows: First, at no time was the cervix obliterated, and the head never descended unaided below the superior strait. Second, spontaneous version which is a very rare occurrence. Third, the peculiar constricting band which refused to dilate itself and almost defied artificial dilatation. Whether this constriction was at the site of the internal os and constituted the same, or whether it was the supposed "ring of Bandl" I am not prepared to say. The ring of Bandl separates the upper and lower zones of muscular fibers. Its existence is doubtful.

I am not satisfied that this case could have been managed more successfully than it was. We might have done better with chloroform alone, which could not be obtained, but the patient said

she never could be chloroformed. At all events I shall always carry the straight article with me in the future.

On one occasion when the uterus was vigorous and refused to dilate under chloroform, I used a hypodermic injection of morphine with apparent success. I thought of doing so in this case but concluded I would rather risk the dilators. I have tried pilocarpine without any evidence of its usefulness. Quinine for a flagging uterus and chloroform to relax has always served me well.

One other point of interest was the elongated bag of waters which appeared immediately after the version. In this connection the following quotation from Cazeaux is significant: "Madam La Chapelle declared she was never anxious when the flat sac was present thereby meaning that any great protrusion of it nearly always announces an unfavorable position of the foetus."

OBSERVATIONS IN CALIFORNIA.

BY EDWIN T. PAINTER, M. D., BANNING, CAL. *

Mr. President and Gentlemen:

I was much gratified that your Secretary, in his preliminary notice, designated me as a "new man;" for I come to your beautiful land—"a good land and a large, unto a land flowing with milk and honey"—in the hope of physical regeneration.

My knowledge of California is limited almost wholly to the county of San Bernardino, and with its great area, with mountain ranges and valleys, I am not at all surprised at the astonishing variety offered the health seeker, by combinations, in regard to altitude, sunshine, soil, water supply, wind, fogs, rain, irrigation, temperature—elements which have a vital consideration for each pulmonary invalid.

In view of the marked contrast which a distance of twenty miles may produce, in all that goes to make up what we term climate, patients ought not to be directed, simply to Southern California. Physicians in the East should be informed by authorities, that the penetrating fogs of Los Angeles are as depressing to some, as the occasional east wind from the desert, sweeping through the San Gorgonio pass, are enervating to others. And while it is undoubtedly true that many who come for a life out-of-doors, will only learn by making the experiment, where best to reside, much valuable time is saved by an early and intelligent discrimination. Let the good work be assiduously done by more papers on climatology.

*Read before the San Bernardino County Medical Society at Colton, October 11, 1892.

A large proportion of patients with pulmonary lesions, who come to California, do so when the disease has made such progress that no chance of permanent improvement is possible. They linger for a little and die, away from home comforts and the consolation of loved ones. A large measure of strength persists after much breaking down of the lung tissue, and naturally the last straw of hope is grasped. The chance for error in diagnosis and the good health possessed by some who have been given up by generally competent observers, leads the physician to be chary in making a statement so positive as to keep at home these cases which succumb in a few months—a time too brief to permit climate to perform its perfect work.

It has been my fortune, in seven months stay in Southern California, to meet and have personal knowledge of numbers, who without a doubt suffered from pulmonary tuberculosis and who, today, appear to be in the enjoyment of health.

Patients make a blunder when they come from the East and think they can do without the attentions of a physician. I have met a number of otherwise sensible people running about "from pillar to post," answering their own whims. The climate is given a fair opportunity to bring about advantageous results by months of contact, and by care as to details, such as symptoms which may appear insignificant at first but which, as the disease progresses, make, in combination with other symptoms, intense suffering for the patient.

With so many consumptives about, and every year, doubtless, the number will be multiplied, what can be accomplished toward non-infection of those predisposed to tuberculosis? Patients far gone in chronic phthisis, freely expectorate on the pavement, and from hotel porch into flower-beds. The chinese laundryman—and the chinese race in this country is very susceptible to pulmonary tuberculosis—sprinkles the washing with a mouthful of water which carries with it bacilli found in the buccal cavity. Ladies carry bacilli home with them on their dress trains. Do we possess sufficient practical wisdom to devise ways for the general use, by consumptives, of the spit cup, to induce ladies to cut the train, and to influence our clients not to patronize the Chinese laundry?

The large number of cases of typhoid fever which some of your towns have, with a common and a known supply of pure water, is a subject of wonder to me. And I cannot free myself of the conclusion that in a town having the population of Redlands, for example, some medical official or the medical faculty of the place, is neglectful in the performance of its plain duty. All Europe

and America is excited at the spread of cholera; yet this dread scourge removes only 45 per cent of the assailed, and most of these are of the unclean and openly unhygienic class, while we seem to view serenely, each autumn, a spread of typhoid which removes from 10 to 30 per cent of our best citizens. Osler says: "There is no truer indication of the sanitary condition of a town than the returns of the number of cases of this disease." Would not a little more effort to prevent typhoid fever be in keeping, in a county which makes such a determined and successful fight against scab? A small city expends an hundred thousand dollars to construct ditches to accommodate the coming cloud burst, that valuable soil be not carried into the wash. The land and the trees should be thoroughly protected, but I plead for commensurate vigilance in protection to human life.

Allow me to suggest that privy vaults of large dimensions so common in Southern California, are a relic of a long past civilization. Replace the vault by something; one cannot fail to better it. A good way to dispose of faecal matter is by the dry earth closet; the contents to be removed once each month.

I find too few bath-rooms in the houses of the fairly well-to-do. In a dry, hot climate, what is more invigorating than a daily plunge in a tub. A well used bath-tub is wonderfully conducive to health in a country where the skin plays such a large share in the work of elimination.

Most Eastern people, who do not contemplate a permanent residence in California, think of making the journey in the winter only, I feel this a mistake; for while my friends East with thermometer at 90° and 95° were in intense suffering, I was in comfort at Banning at 105° and experienced no discomfort at 108°. Then too, almost every night this summer has been of the right temperature for sound sleeping. The deciduous fruits so rich and plentiful have found at our home a marvelous consumption. "Peaches are never so sprightly and delicious, and so wholesome, at any other time, as when picked, mellow and melting, and eaten directly from the tree." Yes, emphatically yes, remain in California in summer and allow the fruit-sugar to tickle the palate and augment the adipose.

I present these fragmentary thoughts for your consideration, that you may know that some who are deprived of active participation in medical work may still be somewhat alert for matters medical, that this land so blessed with God's sunshine and wondrous vegetation may ever be a "Mecca" for weak humanity.

Southern California Practitioner.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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H. BERT. ELLIS,

Editor and Publisher Southern California Practitioner,

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

THE PAN-AMERICAN MEDICAL CONGRESS.

We have recently received the preliminary announcement of the First Pan-American Medical Congress, to be held at Washington, D. C., September 5, 6, 7 and 8. 1893.

This preliminary announcement is very complete and shows that the officers who have had the work to do, have been up and doing, and everything promises that the first "All American" medical meeting will be a grand success. If it be successful it will be difficult to estimate the advantage to our profession. We will be better able to appreciate what is being done in medicine in our South American Republics, and thus broaden our horizon. Through it we may be able to draw many of the South and Central American students to our institutions who now go to Europe; and in many other respects the advantages will be reciprocal.

Organization of such a congress, however, demands an outlay of considerable money. It is estimated that \$5000 will cover the organizing expenses, and this must be met out of advance regis-

tration fees. This fee is \$10 for each member in the United States and may be sent to Dr. A. M. Owen, Evansville, Indiana, treasurer, at any time. Each registered member will receive a card of membership and be furnished a set of the transactions.

Let those of our readers who may contemplate becoming members, send their \$10 now and thus assist the officers in taking care of the preliminary expenses.

ACATALEPSIA.

In looking over a medical dictionary the other day we came across a new yet very common disease—perhaps we had better say a novel and valuable name for a distressingly frequent malady—acatalepsia, uncertainty of diagnosis. Over a hospital, not a thousand miles from the land of eternal spring, once on a time there was a physician who was a firm believer in and practitioner of vigorous English. Sometimes there would knock at the doors of this institution a person afflicted with a disease which the doctor could not diagnose. Upon the records it would quite likely be found that such an individual would be registered under the famous General Debility, but when the honest doctor was asked by his confreres what was the matter he usually replied in such cases, “Damfino”. “The world do move,” however, and thanks to the beauties of the Greek tongue a word has been coined which fills a long felt want and enables the doctor to calmly tell the patient he does not know what the matter is, and at the same time do it in such a way as to increase the patient’s belief in the profundity of his knowledge. How very common this trouble is only the doctor knows. It is often fatal even, but we rarely see it in the mortuary reports. In such cases we would suggest that the death certificate be made out thus: primary cause, heart failure; secondary cause, acatalepsia. This would be much more taking if not so striking as “lack of breath” and “damfino”.

We are of the opinion that the dictionary man was very like the boy in the college yarn who hit upon the truth without knowing it. The irate pedagogue, so runs the tale, inquired of his pupils the meaning of *nescio* and received a shake of the head from all but the last who in despair exclaimed, “I don’t know.” So hereafter uncertainty of diagnosis and what is still better prognosis can be scientifically and enphemistically dubbed acatalepsia. What a fine and sonorous name, too, to give to the distressing maladies of the hypos and malingerers. Then again an acataleptic convulsion would be so much more aristocratic than a conniption fit.

But, seriously, it is to be hoped that the future may do two things, increase knowledge and increase modesty, that improved facilities may better equip the diagnostician and give him the courage to say "I don't know." Indeed the good doctor often acknowledges intelligent ignorance. It is the laity who must go through a campaign of education in order that they may appreciate the fact that it is a condition which faces the physician, and that he is managing a case intelligently who meets indications as they arise and awaits development before committing himself as to the nature of the disease. In medicine instead of "name it and you can have it," it is more likely "you've got 'em" and "what is it."

In the ceaseless round of routine business one is tempted to observe superficially and write carelessly, if at all. In the early records of the aforesaid institution the writer found thirty-one cases booked as *paralysis*, fifteen as dropsy and twenty deaths due to unknown causes. The habit of case-taking would be a delightful custom to fall into, as nothing tends more to truthfulness than the knowledge that what we say is to be put down in black and white.

Another vice fortunately fast dying out is suggested by this word—that of using high sounding names for common things. If gurgling of wind in the intestines is borborygmus no wonder the baby squalls, it would only fret if it were troubled with flatulence.

EDITORIAL NOTES.

DR. J. H. PARKINSON, editor of the *Occidental Medical Times*, made a brief visit to Southern California recently. Come again, doctor, and stay longer.

DR. ANTHONY Z. VALLA, a graduate of the class of '88 of the College of Medicine of the University of Southern California, has returned to Los Angeles to practice after spending four years in Paris, Berlin, and the University of Italy, where he also took a degree in Medicine.

WE HAVE received from Wm. Wood & Co. a large picture of Professor Biloeth's Clinic. This is but one of a number of subjects intended for office walls. For information concerning prices and subjects write to Wm. Wood & Co., New York City.

DR. HENRY M. FIELD, until lately, Professor of Therapeutics in the Medical Department of Dartmouth College, has returned to our sunny shores, and here we understand he intends to remain. He has tested our climate on previous occasions and therefore is acting with "malice aforethought."

DR. G. A. SCHELLING, who graduated with the class of '92 from the College of Medicine of the University of Southern California, has located at Montalvo.

THE regular medical profession of San Luis Obispo county and northern Santa Barbara have united and formed a medical society. Dr. S. M. Hitt, of the class of '90 of the College of Medicine of the University of Southern California, was elected its first president.

THE EIGHTH ANNUAL MEETING of the Southern California Odontological Society will be held in Los Angeles November 29, 1892, commencing at ten a. m. Meeting will be held in the rooms of the Los Angeles County Medical Society, room 20, Bryson-Bonebrake building. Every legal and reputable dentist is cordially invited to attend. The following program will be presented: President's Address, F. M. Palmer; Gutta Serena, G. A. Millard; Items of Daily Practice, F. F. Little; Bacteria in Dentistry, H. W. Moore; Nitrate of Silver in Dentistry, J. C. McCoy; Dental Manufactures and the McKinley Bill, E. L. Townsend.

At the second annual meeting of the American Electro-Therapeutic Association held in New York, October 4, 5 and 6, the following officers were elected for the ensuing year: President, Dr. Augustin H. Goelet, of New York; Vice-Presidents, Dr. Wm. F. Hutchinson, of Providence, R. I.; Dr. W. J. Herdman, of Ann Arbor, Mich.; Secretary, Dr. M. A. Cleaves, of New York; Treasurer, Dr. R. J. Nunn, of Savannah, Ga. Executive Council: Dr. W. J. Morton, of N. Y., Dr. G. Betten Massey, of Phila., Dr. Robt. Newman, of N. Y., Dr. Chas. R. Dickson, of Toronto, Canada, Dr. J. H. Kellogg, of Battle Creek, Mich. The next meeting is to be held September 12, 13 and 14, 1893.

BUREAU OF HYGIENE AND SANITATION.

F. W. Brewer, Superintendent of the Bureau of Hygiene and Sanitation, has issued a circular from the Department of Liberal Arts of the World's Columbian Exposition, which calls attention to the fact that this bureau has been organized to prepare a collective exhibit illustrative of the present condition of sanitary science. State Boards of Health are asked to prepare charts showing the mortality statistics of this State; morbidity statistics of infectious diseases; the effect of isolation and also disinfection in prevention or minimization of disease, etc. This circular may be obtained by those interested in the subject from the superintendent at Chicago.

At the recent meeting of the American Orthopædic Association, the following officers were elected to serve for the ensuing year: President, A. J. Steele, M.D., St. Louis; Vice-Presidents, Samuel Ketch, M.D., New York; Arthur J. Gillette, M.D., St. Paul; Treasurer, A. B. Judson, M.D., New York; Secretary, John Ridlon, M.D., 34 Washington street, Chicago. The next meeting will be held in St. Louis.

TWENTY-FIVE CASES OF EXTIRPATION OF THE UTERUS FOR CANCER—A CONSIDERATION OF ULTIMATE RESULTS.

Dr. Charles A. L. Reed, of Cincinnati, presented to the recent meeting of the American Association of Obstetricians and Gynecologists, a report of twenty-five cases of complete vaginal extirpation of the womb for cancer, with only two primary deaths—one from shock and one from iodoform poisoning. Of the twenty-five operated upon but fourteen were of more than two years standing, and hence were all that could be discussed with reference to their ultimate results. These fourteen were divisible into two classes, of seven each, viz: those in which the disease had existed for more than six months before the operation, and those in which it had existed for less than six months before the operation. Of the first class, i. e. those of more than six months, (an average of ten plus, months) previous duration, all were dead; of the second class, i. e. those of less than six months (an average of four plus, months) previous duration, only one has since died. One of the recoveries is of more than five years' duration. The conclusion from these figures is that cases of cancer of the uterus ought to be remanded for operation as soon as diagnosed. Dr. Reed looks upon total extirpation as the only operation to be advised or practiced in these cases, the primary mortality from which, in experienced hands, varies from five to eight per cent.

REPORT ON INTUBATION.

BY DR. W. CHEATHAM AND W. B. PUSEY, M.D., LOUISVILLE, KY.

Number done by Dr. W. Cheatham,.....	56
Number of deaths,.....	34
Number of recoveries,.....	22
Per cent of recoveries,.....	39.28
Number done by W. B. Pusey, M.D.,.....	70
Number of deaths,.....	37
Number of recoveries,.....	33
Per cent of recoveries,.....	47.17
Total (both),.....	126
Total number of deaths,.....	71
Total number of recoveries,.....	55
Per cent of recoveries,.....	43.65

**ALVARENGA PRIZE OF THE COLLEGE OF PHYSICIANS OF
PHILADELPHIA.**

The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1893, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college on or before May 1, 1893. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award. The Alvarenga prize for 1892 has been awarded to Dr R. H. L. Bibb, of Saltillo, Mexico, for his essay entitled: Observations on the Nature of Leprosy.

CHARLES W. DULLES, Secretary.

NEW LICENTIATES.

At a meeting of the Board of Examiners held October 4, the following-named physicians were granted certificates to practice in this State:

Dawson, Joseph	San Francisco	Rush Med. Coll., Ill., Feb. 17, 1885
Hart, Chas. S.	Sacramento	Columbus Med. Coll., O., Feb. 27, 1877
Neff, Enoch	San Francisco	Med. Dept. Univ. Mich., June 28, 1883
Moore, Jas. A.	Hanford	Univ. Louisville Med. Dept., Ky., Feb. 25, 1881
Knight, S. E.	Stockton	Bowdoin Coll. Me., May 25, 1892
Steele, J. Thompson	Stockton	St. Louis Coll. Phys. and Surg., Mo., Mar. 10, 1891

CHAS. C. WADSWORTH, M.D., Secretary.

CHRONIC BRONCHITIS.—

R. Tinct. Nucis Vom.....	3 1
Tinct. Sanguinarie.....	3 1
Kennedy's Ext. Pinus Can. (dark).....	3 4
Syrup. Simp.....	3 4

Of this a drachm should be taken every four hours.

INSOMNIA OF HYSTERIA.—

R. Peacock's Bromides.....	4 oz.
Celerina [Rio].....	2 oz.

M. Sig. Teaspoonful every two hours until sleep is produced.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JUNE 3, 1892.

The 268th regular meeting of the society was called to order by the President, Dr. Robert W. Johnson.

Dr. Hiram Woods related a case of "Ectropion of Both Upper Lids from Disease of the Orbital Roof," and exhibited the patient.

When the patient, a colored boy, first came under Dr. Woods' care he had had abscesses over the upper eye-lid of each eye, which had ruptured spontaneously, leaving fistulous openings about the middle of each lid, from which pus exuded. With a probe, small areas of denuded bone could be felt about an inch back in each orbit. The patient was put upon tonic treatment, and the sinuses healed. The lids were enormously hypertrophied and the entire edge of each lid was fastened with cicatricial tissue to the edge of the orbit. Dr. Woods operated upon one eye in October, 1891, and upon the other three weeks ago. The edge of each lid was dissected from its position and stitched for the time being to the lower lid. The skin was freely undermined and the horizontal incision was converted into a vertical one. The results were highly satisfactory.

Dr. W. B. Platt read a paper on "Rupture of the Plantaris Tendon," relating four cases that had occurred in his practice.

Dr. Chambers was inclined to doubt the existence of such a thing as rupture of the plantaris tendon. From the attachment and relations it would not be likely to rupture. The pain is usually at a distance from the weakest portion of the tendon and the ecchymosis is more abundant than we would expect to find in a rupture of a tendon. Some good surgeons incline to the idea that these symptoms point to the rupture of a blood vessel. The deep veins may be in a varicose condition.

Dr. George H. Rohé related four cases of "Puerperal Insanity," in which he had removed the uterine appendages, and exhibited to the society the specimens removed.

Case I.—White woman, thirty-three years of age. Married at seventeen years of age. This marriage resulted in the birth of one child. In two and a half years she became widowed, and four and a half years later married a second time. In 1882, she gave birth to a second child and immediately afterward suffered from puerperal mania, which lasted five months. She remained well three years and then again developed insanity and was admitted to the insane asylum with acute mania. When admitted to the hospital she was excited and disposed to fight. She had especial aversion to her husband. She indulged in obscene language. She showed no improvement, but a gradual failure of mental

faculties. Suffered from incontinence of urine, and paid no attention to the calls of the rectum. Exhibited great excitement during menstrual period.

Physical examination after coming under Dr. Rohé's care in 1891: unilateral laceration of cervix up to the vaginal junction and intrapelvic induration on the same side. Perineum ruptured into the rectum.

Abdominal section performed October 6, 1891, and appendages removed. Clinical conditions present: right ovary cystic; left ovary cystic and adherent in Douglas, cul-de-sac; thickening and congestion of broad ligament on right side.

After-history: patient recovered fairly well from operation. Had an attack of peritonitis, which yielded promptly to the usual treatment of purgation. The stitches were removed on the seventh day and the wound found perfectly united. December 10, patient dresses and undresses herself. Seems much interested in looking at books. Appetite good; sleeps well; does not indulge in profane and obscene language as much as formerly. A week later, very much interested in plants and flowers in the wards, and waters them regularly. Appetite good, sleeps well; general behavior very much improved. Present time: improvement continues. Has written several letters to her husband and to her children, showing decided interest in her family life.

Case II.—White woman, aged thirty-seven years; married thirteen years; mother of six children. Admitted to the asylum, May 16, 1890. Insanity developed during the period of lactation. Previous to insanity she was amiable, cheerful and industrious. Her mother had been insane and her father was very intemperate. Had been insane three days when admitted. Had a previous attack ten years before, probably in connection with the birth of a former child, but no exact history. Was subject to hallucinations. Thought nearly every man she met was her brother in disguise. Imagined that she had the power of healing by laying on of her hands. Had a decided tendency to expose her person. Menstrual period irregular. Emaciated with haggard appearance. Appetite poor; slept poorly; nervous and restless during the day. Put upon a special diet of eggs, milk, beef-tea, brandy, etc., but improvement was very slow. The approach of her menstrual periods could be predicted by the alteration in her behavior in the ward.

Physical examination: bilateral laceration of the cervix; thickening of posterior lip; intra-pelvic inflammatory induration of the left side, sensitive to slight pressure.

Operation November 25, 1891. Left ovary was found adherent.

Breaking up of the adhesions occasioned some bleeding. Tube on the left side congested and convoluted.

After-history: Recovered well from the operation. Sutures were removed on the seventh day. Note, December 17: Patient cheerful; appetite good; sitting up in her room, sewing; conversation coherent and has at present no hallucinations, no delusions; simply nervous symptoms such as are present in the majority of cases of induced menopause. At the present time is increasing in flesh and strength; complains less and less of headache and backache and converses entirely rationally. Is much interested in the work about the place and is ready to go home at any time her husband is prepared to make the proper provision for her.

Case III.—White woman, age 39 years. Married fifteen years. Has had seven children, the last one born four months previous to her admission to the hospital in August, 1887. Before insanity, was amiable and industrious and neat about the household affairs. No insanity was ever in her family. Insanity came on suddenly after the birth of the last child. First symptom was that some one was after her trying to kill her. She used vulgar and obscene language. Tried to kill her mother. Her language in the hospital was of the most obscene character. She would tear her clothes, break the furniture and tear the plastering from the walls. These attacks were intermittent. About six months ago she began to fall off and at the time of the operation was pale and thin.

Physical examination: Deep laceration of cervix on both sides, with eversion of the lips of the cervix and enlargement of the uterus.

Operation, December 15, 1891: Uterine appendages removed; small cyst in left broad ligament; one ovary was adherent; uterus somewhat enlarged.

After-history: Recovery from operation very good. From being one of the worst patients in behavior, language and general character, she became one that could be kept upon the best ward of the house. She is not well and probably never will be. She has gained in flesh; sews, goes out on the lawn, attends the dances regularly and behaves very well. This patient and the first one will probably never be well, as both are in a condition of somewhat advanced dementia; but they have become better patients.

Case IV.—White woman, aged 28 years. Native of North Carolina and resident of Baltimore City. Admitted in 1891, suffering from mania. Mother of three children. Had an attack of insanity after the birth of the first child and another after the birth of the second child. The third attack came on twelve and half months

after the birth of her third and last child. The second and third attacks considerably after the births of the respective children. The first attack was a true case of puerperal insanity and probably determined the others. When admitted, was in a state of excitement and indulging in obscene language. Her temperature ran up and her heart grew weak. She was put upon digitalis, eggs and milk, every two hours. She gained in strength but her mental symptoms were unimproved.

Physical examination: Deeply lacerated perineum, lacerated cervix and prolapsed ovary.

Operation, March 9. Appendages removed. Great enlargement of ovaries of both sides.

In this case hereditary taint was denied. Her menstrual periods were regular. While at home she was jealous of her husband's sisters. Was fond of drink but had not access to much of it. Was indolent and careless. Was fond of talking about sexual matters.

After-history: Three weeks after operation, mental condition good, language to physicians chaste, appetite good. May 8, 1892, was discharged from the hospital, recovered.

This woman up to the time of the operation used the most profane and obscene language Dr. Rohé had ever heard. When she recovered from the effects of the anæsthetic she burst into tears and asked the doctor's pardon for the ugly language she had used. She never afterward used any obscene or insane language to any one connected with the hospital.

In conclusion, Dr. Rohé said: I believe that in these four cases we have a contribution to the etiology of puerperal insanity. I believe that puerperal insanity is a phase of insanity that is due to absorption of septic matter, and when it is recurrent that it is the result of some reflex irritation due to an inflammatory condition in the pelvis or pelvic organs. All the cases which I have examined show some lesion of the genital canal remaining from parturition. The result of the treatment in these cases show this—that if cases are taken before structural alterations have taken place in the brain, before dementia has come on, that in the large majority of cases restitution of the mental faculties can be accomplished. There is another advantage, I believe, in this radical mode of treatment of this condition; that is, that a woman whose appendages have been removed will never have another attack of puerperal insanity at all events.

Dr. Winslow: Are these selected cases? Are they all the operations which Dr. Rohé has performed for insane conditions since he has been at Spring Grove?

Dr. Rohé: This is a series of cases due to one single cause. I have operated upon fifteen cases. In nearly every case there was some lesion of the pelvic organs. I expect to report all of these cases in the future. I believe that I will be able to report four or five as restored mentally. Nearly all have shown evidences of improvement. They are better patients; they are not so disposed to soil, they can be kept on better wards with quieter patients. This is a decided gain for the management of the hospital.

W. T. WATSON, M.D., Secretary.

1519 Broadway, Baltimore.

Selected.

GUARANA IN SCIATICA.

BY WM. F. CHANNING, M.D., ORIGINAL IN POPULAR SCIENCE NEWS.

GUARANA was formerly a favorite remedy in nervous headache. It lost its prestige from its failure when continuously used, and perhaps still more from dilution of the drug in the preparations put upon the market.

Several years ago a large number of cases of lumbago were reported in England as cured by Guarana in doses of thirty or forty drops of the Fluid Extract,—the most successful cases being those in which the attack was sudden or quasi neuralgic. Finding, in my own experience, that this report was fully sustained, and that lumbago, in a majority of cases, yielded apparently to large doses of Guarana, I was led to extend the application of the remedy to sciatica. In several cases—two or three of which were severe enough to produce persistent contraction of the muscles of the leg—the administration of Guarana was followed by rapid and entire relief. To obtain this result with a drug of so uncertain strength, the practical rule is to give a dose as large as the head will bear without oppression, and to repeat in three or four hours until relief is obtained.

The importance of this result, if generally confirmed, is my apology for reporting the following case. Happening to meet Wendell Phillips in the streets of Boston, walking with difficulty with the help of a cane, I was informed by him that he had been crippled by sciatica for some weeks, perhaps months. I recommended, and subsequently sent to him, the Fluid

Extract of Guarana, with directions for its use. The following is an extract from a note of Mr. Phillips's dated April 5, 1882, which commenced with an apology for some delay in reporting the result of the treatment, as above:

My ailment vanished; whether it was on the eve of its departure, and only hastened, or whether it was cured, we will not curiously discuss. But thanks, at any rate.

Very cordially y'rs,

WENDELL PHILLIPS.

The caution of Mr. Phillips in refusing to generalize from a single case deserves all praise. The number of similar coincidences of treatment and speedy relief, which I have witnessed, justifies this appeal to physicians in general practice thoroughly to test the efficacy of Guarana in sciatica.

The chemistry of Guarana is still obscure. Its active powers have been largely ascribed to the tannate of caffeine which it contains. The drug comes to us from South America in masses supposed to consist of the ground up seeds of *Paullinia sorbilis*, in uncertain proportions, with various adulterants. It is essential that it should be obtained in its simple and natural form if the full use of Guarana in medicine is to be developed.

Meanwhile, Guarana is the South American specific for diarrhœa, not losing its virtues in lesser affections of this class in our own country. It is slightly astringent, as well as tonic, and in my observation, arrests fermentation. In general use its slight constipating tendency may be easily counteracted, if necessary, by other agents in combination.

PASADENA, CAL.

THIOL: ANTISEPTIC REDUCING AGENT.

Thiol is a synthetical product recently introduced, which closely resembles ichthyol, both in its chemical composition and therapeutic properties, but is free from some of the objectionable features of the latter. It has not the unpleasant odor of ichthyol and does not stain linen; it is also free from irritant effect which ichthyol often manifests. The usual form is a dark liquid, containing forty per cent of the base; but it can be obtained pure in scales or powder.

Being regarded as a purified ichthyol, it has been used in all the affections in which ichthyol has been found beneficial, and, as a rule, with equally good if not better results. Prof.

Schweninger, after a thorough trial of the remedy in his clinic in Berlin, regards it as superior to ichthyol.

It has marked effects in causing the absorption of pelvic exudates. Large inflammatory masses and adhesions may be often removed in a few weeks. It is well applied on tampons in five per cent solution in glycerin, renewed every second or third day, and it is well to administer it internally at the same time. Erosions of the cervix are also very promptly healed by this treatment. Used, as it occasionally is, in very strong solution, fifty per cent or over, it acts much as tincture of iodine, causing a sensation of burning, with loss of the epithelium. In endometritis, which resists the usual modes of treatment, a speedy cure is often effected by applications of pure thiol made weekly.

While recommended in many skin diseases, there is one affection in which this remedy acts remarkably well, and that is in facial erysipelas. Used with lanoline in the strength of fifteen to twenty-five per cent, it will effect a cure often in two days, and rarely has to be used over four or five. This ointment should be spread on cloths and kept constantly applied.

In burns, frost-bites and chilblains a ten to twenty per cent thiol-lanoline ointment is an effective application. For external applications the dry powder is often used, being incorporated with oxide of zinc or with bismuth, in the proportion of five to ten per cent.—WASHINGTON DODGE, M.D., in *Pacific Med. Journal*.

THE ALIENIST AND NEUROLOGIST for October (1892) contains: "Clinical Study on Double Athetosis," by Dr. Dimitri Ivan Michailowski, Russia; "Sentiment," by Prof. Augusto Tebaldi, Padua, Italy; "Passivism—A Variety of Sexual Perversion," by Dimitry Stefanowski, Jaroslavl, Russia; "The Pathological State of Berkman, the Assailant of H. C. Frick," by Theodore Diller, M.D., Pittsburg, Pa.; "Experts and Expert Testimony," by Harold N. Moyer, M. D., Chicago, Ill.; "A Case of Simulated Insanity," by Prof. Arrigo Tamassia, Russia; "Art in the Insane," by James G. Kiernan, M.D., Chicago, Ill.; "A Case of Cerebral Syphilis," by Frank G. Hoyt, M.D., St. Joseph, Mo.; "Torquato Tasso," by Dr. W. W. Ireland, Scotland. Besides the usual Selections, Editorials, Hospital Notes, Reviews, etc. C. H. Hughes, M.D., Editor, 500 N. Jefferson Ave., St. Louis. Subscription: \$5.00 per annum; single copies, \$1.50.

BOOK REVIEWS.

AN AMERICAN TEXT BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. By CHARLES H. BURNETT, PHINEAS S. CONNER, FREDERIC S. DENNIS, WILLIAM W. KEEN, CHARLES B. NANCREDE, ROSWELL PARK, LEWIS S. PILCHER, NICHOLAS SENN, FRANCIS J. SHEPHERD, LEWIS A. STIMSON, WILLIAM THOMPSON, J. COLLINS WARREN, and J. WILLIAM WHITE. Edited by W. W. KEEN and J. W. WHITE. Profusely illustrated, pp. XX:1209. Published by W. B. SAUNDERS, Philadelphia, 1892. Price, \$7.00 net, cloth; \$8.00 net, sheep; \$9.00 net, $\frac{1}{2}$ Russia. Sold by subscription only. May be obtained through SOUTHERN CALIFORNIA PRACTITIONER.

This remarkable book, the product of thirteen representative North American teachers of surgery, drops into an open niche. Nearly all of the authors have a continental reputation. In this unique effort they have been pleased to conceal their identity. However, one familiar with current medical literature, should his curiosity so prompt, may, without much difficulty, determine the author of almost any section. Like all works of joint production, the style of this is uneven; yet taken as a whole it ranks with the best.

Although designed "for practitioners and students," in so far as the latter are concerned, the adaptation falls short of the purpose. The volume is divided into four books, viz.: General, Special, Regional and Operative Surgery. The entire territory of human surgery is carefully considered, to the utter disregard of ultra modern specialism. In this respect the effort marks an era, or at least calls a halt to the extremists. Mansell Moullin's work last year knocked the chip off the shoulder of the English specialist, and this treats with like daring the American.

With very few exceptions, the utterances of the book are *ex cathedra*, sometimes startling the reader by their unqualified positiveness. It is not so very long since a prominent American physician demonstrated to his own satisfaction, that *trismus neonatorum* was due solely to overlapping of the parietal bones. Our authors, in less than a dozen words, affirm that it is "due to an infection through the navel." Accepting this as ultimate, it would seem quite essential to treat the umbilical wound aseptically. And incidentally this may have been the surgical motive of the old granny dressing of charred linen.

The statement is made that "in any event, in the case of gun-powder grains imbedded in the skin, a permanent tattooing must remain." If treated promptly, this need not be the case. Washing the surface with a saturated solution of iodide of ammonium in distilled water will cause the spots to assume a red color, following this with a careful application of dilute hydrochloric acid will efface the red.

An advance over the ordinary teaching is found in the discussion of mammary carcinoma. Directions are to make the axillary incision first, and if the diseased tissue there can not be removed the wound should be closed and the operation abandoned.

Attention is called to the fact that secondary hemorrhage may be caused by the too rapid absorption of catgut ligatures. After some uncomfortable experience, the only catgut that permits us to enjoy sound sleep at night is that prepared by immersion in the oil of juniper. "As a dressing for fractured ribs, broad strips of adhesive plaster are recommended." The most troublesome cases of this kind are in large fat women with exaggerated breasts. For such a careful padding of non-absorbent cotton covered by broad wet coarse crinoline bandage, furnishes a much better dressing.

In the treatment of sciatica no allusion is made to that which without doubt is the very best; viz: the injection of morphia into the tissue of the nerve. With proper precautions this is not difficult. The needle should be somewhat more than two inches long, and stronger than those used for subcutaneous injections. With the patient lying prone the needle should be entered vertically at a point about four inches, or a handbreadth, below the great trochanter, and an inch exterior to the median line. At a depth varying from one to two inches the nerve will usually be reached, as will be evidenced by a peculiar resistance to the operator's hand and to the patient by a slight thrilling sensation in the parts below.

Our authors aver that "by far the best treatment of sprains as a rule is the immobilization of the joint by the application of a plaster of Paris bandage," returning thus to the recognized treatment of fifteen years ago.

For the removal of warts no allusion is made to the only really satisfactory application, viz: the ethylate of sodium.

The chapter on diseases and injuries of the head is simply fascinating. It is without exception the best epitome that has ever fallen under our notice.

In the management of acute coryza the statement is made that "a solution of cocaine is of great value." We have known the most obstinate cocaine habit to grow out of this treatment. Indeed, unless under careful observation, the reaction from an application of marked controlling power may make matters vastly worse.

In caseous tonsillar concretions direction is given to remove them, "and if the tonsil be enlarged, remove a portion of it." The most troublesome cases of this disgusting affection are found

in tonsils so atrophied as to be beyond the possibility of amputation.

Attention is called to the fact that "the popular belief that the passage of a foreign body through the alimentary canal is facilitated by purgatives is erroneous, tending to increase the risk of impaction."

The statement is made that "hernial trusses are difficult to adjust to the very fat." In our experience the greatest difficulty has been found in the very thin.

"In incarcerated hernia where operation is refused, or is inadvisable owing to age, the patient should be kept in bed, with hips raised, ice to the scrotum, and on low diet. Taxis should be employed daily, and occasional saline purgatives should be given. By this means the fat is absorbed and reduction has been accomplished in a few weeks."

We have attained this result without daily taxis, salines, or low diet, in less than a week, by means of the continuous application of ether on a sponge covered by the half of a hollow rubber ball held firmly over the protrusion by an elastic bandage. Where the diagnosis of incarceration is quite certain nothing but the most gentle taxis should be made. The hot bath, chloroform anaesthesia, inversion of the patient backwards, the use of the Icelandic method of dry cupping the abdomen with the largest possible exhaust apparatus, will usually relieve where there are neither adhesions nor strangulation. In the event of failure, and the continued absence of urgent symptoms, the ether topically may be hopefully tried. Once in our experience long continued unsuccessful taxis necessitated the radical operation for the purpose of breaking up adhesions which were certainly not diminished by the handling.

An interesting statement, which we do not remember to have met elsewhere, is that "frequent micturition is itself a competent cause for the production of hydro-nephrosis, acting through the oft repeated interference with the escape of the urine from the vesical ends of the ureters, which owing to their oblique course through the bladder walls are compressed each time that organ acts". The dictum is, "If at the first tapping of a hydro-nephrosis the fluid be distinctly purulent, nephrotomy should be done either at once, or as soon as the tumor re-forms".

This we are sure is too absolute. Our own experience in a number of cases warrants a greater conservatism. It not infrequently happens that an aspiration displaces the obstruction to the renal orifice of the ureter, so that subsequently pus escapes by the bladder, and in some of these instances we have been able

to control the further formation of pus by the administration of resorcin which is eliminated almost exclusively by the kidneys and may be found in the urine within half an hour after ingestion.

Our most recent special authorities have expressed a doubt as to the exciting cause of endometritis. This, our authors say, "is always infection with pathogenic micro-organisms", another forcible demand for thorough asepsis.

Very naturally abdominal section is urged in every case of recognized tubal pregnancy, at whatever stage, as soon as possible after recognition.

In regard to the ablation of the uterine appendages for the relief of various asserted associated reflexes, the advanced position of our most experienced operators is assumed. "The proportion of cases in which restoration to health is secured to the extent of freedom from pain and restoration to comfort and usefulness, is by no means commensurate with the proportion of recoveries from the operation. Immediate relief of pain is the exception. Usually the pelvic pains persist for months, gradually but ultimately disappearing, possibly not until the lapse of some years; in some cases the relief is never perfect."

There is given in detail the interesting method recently devised by Mr. H. J. Stiles of Edinburgh, "whereby the surgeon at the time of excising a carcinomatous breast can ascertain whether or not the diseased tissue has all been removed;" the process being one of gross staining with re-agents.

The sections on the surgery of the eye and ear are as fully up to the times as are the other portions of the book. But now and then there is encountered a semi-apology for brevity by reference to special treatises.

The eye and ear men alone show this nervousness, imparting to the reader the sensation as if he could read between the lines "We are rather sorry we were persuaded into this baker's dozen, but being in we shall do our briefest best."

The closing section on operative surgery is a model of explicit condensation. The beautiful colored plates are in keeping with the subject-matter and the letterpress. The entire volume from alpha to omega is a credit to all concerned in its preparation, and is well worthy a conspicuous place in every medical library in America.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in red morocco, with flap, pocket, pencil loop and red edges. Price, postpaid, \$1.00. Published by The Illustrated Medical Journal Co. Detroit, Michigan.

This popular day-book is now in its fifteenth year of publication. The front part of it is occupied with dose tables, and other useful pocket memoranda. It is good for thirteen months, from the first

of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department, and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is seven and one-half inches in length, and is three and one-half inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

A TREATISE ON DISEASES OF THE NOSE AND THROAT, in two volumes. By **FRANCKE HUNTINGTON BOSWORTH, A. M., M. D.** Professor of Diseases of the Throat in the Bellevue Hospital, New York; Consulting Laryngologist to the Presbyterian Hospital; Consulting Physician to the O. D. P. of the Bellevue Hospital; Fellow of the American Laryngological Association, of the American Climatological Association, of the New York Academy of Medicine; Member of the New York Laryngological Society, of the Medical Society of the County of New York; etc., etc. Volume Two. Diseases of the Throat with three colored plates and 125 wood-cuts. New York: William Wood & Company, 1892. Price \$6.00.

The first volume of this work appeared in October, 1889, and we were then so pleased with it that we have been impatiently watching and waiting for the second part. The author explains the delay by saying that he has only been able to devote to its preparation the leisure intervals of his somewhat busy professional work.

The work is divided into three sections: Section I, Diseases of the Fauces; Section II, Diseases of the Larynx; Section III, External Surgery of the Throat.

The first two chapters are devoted to the anatomy and physiology of the fauces. Of the tonsil he says: "I am disposed to think that the faucial tonsil in a healthy throat constitutes an organ of but trivial significance, either from an anatomical, physiological or clinical point of view. I have often made the assertion that practically the tonsil does not exist in a healthy throat." The reviewer from personal experience agrees with the author, but when it is inflamed there is nothing insignificant about it. The cuts in this volume are neither as good nor as numerous as in Volume One, but the text is of about the same degree of excellence. The field is well covered, and about every method of treatment which has been advocated in the different diseases is studied and commented on, the writer giving his own experience and indicating in no undecided way his choice of treatment.

This is a book that no physician, who pretends to do throat

work, can afford to do without. It is without doubt the best American exposition of this branch of medicine.

AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY.

Being a dictionary of the technical terms used by writers on medicine and the collateral sciences in the Latin, English, French and German languages. By FRANK P. FOSTER, M.D., editor of the New York Medical Journal; librarian of the New York Hospital, with the collaboration of Wm. C. Ayres, M.D., New Orleans; Edward B. Bronson, M.D., New York; Henry C. Coe, M.D., M.R.C.S., L.R.C.P., New York; Andrew F. Currier, M.D., New York; Alexander Duane, M.D., New York; Simon H. Gage, Ithica, New York; Henry J. Garrigues, M.D., New York; Chas. B. Kelsey, M.D., New York; Russel H. Nevins, M.D., New York; Burt G. Wielbr, M.D., Ithica, New York; Chas. Stedman Buel, M.D., New York. Vol. III with illustrations. D. Appleton & Co., 1, 3, and 5 Bond st., New York. Price of 4 volumes, sheep, \$40. 1892.

The third volume of this magnificent work is before us. It contains 785 pages. It is to be completed with the next volume. It has often been the experience of the writer in going to the ordinary medical dictionaries to fail to find the desired word; it would be almost impossible for any medical term in the above languages to escape the notice of Dr. Foster and his able assistants. There is a large plate illustrating micro organisms, as a frontispiece, and numerous illustrations are found throughout the book.

What the *Encyclopedia Britannica* is to the many cyclopedias in our libraries so is Foster's to any other medical dictionary in the English language. It is standard, exhaustive, concise, authoritative and complete, and should be in the library of every medical teacher.

The scope and thoroughness of this dictionary can be judged from the facts that hernia occupies three pages, membrane, two pages, ganglion and mercury each, three and a half pages, and fissure four pages. As all the facts are given in the most condensed form possible, it will be readily seen that a vast amount of information is contained in these volumes. Although, of course, the words of the English language are chiefly dwelt upon, French and German medical terms are given more fully than in any work especially devoted to such subjects that the reviewer has seen.

ALL AROUND THE YEAR 1893. Entirely new design in colors by J. PAULINE SUNTER. Printed on heavy cardboard, gilt edges, with chain, tassels, and ring. Size, 4¼ by 5¼ inches. Boxed. Lee & Shepard, Boston. Price, \$.50. May be obtained by sending the price to SOUTHERN CALIFORNIA PRACTITIONER.

The "All Around the Year" calendar which Mrs. Sunter sends out this year is as charming a piece of work as anything she has done. Like its predecessors, it is printed on heavy cardboard,

gilt edged, with chain, tassels, and ring, and is of convenient size. The designs are fresh and delightful, quaint and picturesque little lads and lassies issuing in each month with just the right words, and in the most charming attitudes, while the lines on the cards combine to form a very pleasing love story. Done in several colors, one can scarcely imagine anything more graceful than the twelve cards, each bearing the dainty design which includes the month's calendar as a part of the picture. The cover shows a pretty little Miss watching a Cupid "warming his pretty little toes" at an open fireplace, while on the last page this same Cupid (or his fellow) is playing sweetly, "Good-by, my Lover, Good-by."

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By JOHN V. SHOEMAKER, A.M., M.D. Professor of Skin and Venereal Diseases in the Medico-chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; member of the American Medical Association, etc. Second edition, revised and enlarged with chromogravure plates and other illustrations. New York: D. Appleton & Company, 1892. Price, cloth, \$5.00.

Of all the diseases which come under the physician's operation none are more difficult to diagnose and properly treat than cutaneous affections. The lesions must be seen to be remembered. Charts and atlases are expensive and the small hand books are altogether too meagre to give any adequate idea as to how these diseases look or how they should be managed. Such a book as Shoemaker's is both within the means of anyone and yet comprehensive enough as to be a valuable treatise on these subjects.

The first edition was written from the standpoint of the active practitioner; the second edition while the same in general plan makes a distinct advance and incorporates much that is new and valuable in etiology, pathology and treatment. Entire sections have been added upon such subjects as electricity, the effect of diet on cutaneous affections, hypodermic medication. the results of the treatment of lupus by tuberculin, etc.

The method pursued in presenting the matter meets with the reviewer's approval. Anatomy and physiology come first as all true medical knowledge begins there. The author then proceeds to give a brief yet excellent outline of symptomatology, diagnosis, pathology, etiology and treatment of skin diseases in general. This grouping of principal facts and indications gives the practitioner an excellent bird's-eye view of the subject, and enables him to pick out from the interminable number of diseases the proper malady and appropriate remedy therefor. The greater part of the work is devoted to a careful study of each disease by itself and the especial treatment required in each different affection, and the best remedies for the various stages they manifest. The

subjects are handled with skill and in accordance with the best established usages and at the same time most advanced views. While especially intended for the general practitioner it is good enough for the dermatologist.

An idea of the scope of the work can be obtained from his classification: 1. Disorder of secretion and excretion. 2. Hyperæmias. 3. Hemorrhages. 4. Exudations. 5. Hypertrophies. 6. Atrophies. 7. Tumors. 8. Neuroses. 9. Parasites. Under these classes he treats of from two to forty different affections. He closes with an excellent formulary of some 120 pages; the value of this, however, would be enhanced by numbering the different prescriptions.

There are eight full paged chromogravures and some twenty-five good illustrations. In this respect it greatly excels most books on skin diseases.

The reviewer knows of no way which will give one a fairer idea of the author's methods than to briefly mention some of the remedies with their indications, for example, internally, Dr. Shoemaker advocates cod liver oil when the general health is affected; phosphorus when the cutaneous disease depends upon nerve debility; iron when the eruption is due to a depraved state of the blood; quinine in certain inflammatory diseases such as erysipelas; arsenic in stages of decline or chronic inflammation; turpentine in some forms of psoriasis and eczema; mercury as an anti-phlogistic and anti-syphilitic; chloride of potassium in boils, carbuncle and ecthyma; iodine to assist in the elimination of waste product, and sulphur to lessen pus formation. The action and use of such modern drugs as ichthyol, chrysarobin, salicylic acid, iodoform, iodol, aristol and peroxide of hydrogen are carefully explained. Some of these and others he uses locally as baths, ointments, washes, oils, dusting powders, plasters and collodions. The very mention of these preparations shows "where the author is at" in his materia medica. The Doctor puts great stress upon antiseptics and besides the above has something to say upon naphthol pyoktanin, campho-phenique, creasote, corrosive sublimate and many others.

If one wishes to be well informed in dermatology let him buy such works as Morrow's charts and Shoemaker's Diseases of the Skin, but if only one can be had the reviewer thinks this work will best meet the wants of the practitioner.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia, Member of the College of Physicians of Philadelphia, of the Academy of Natural Science of

Philadelphia, of the American Philosophical Society, and of the Zoological Society of Philadelphia. With thirty-six illustrations, some of which are in colors. Philadelphia: W. B. Saunders, 913 Walnut St., 1892. Price, \$1.25. 237 pages.

This little book embraces essentially the author's lectures on Jurisprudence at the Jefferson. From the very nature of the theme and the wideness of the subject it must reiterate much which belongs to the different branches of medicine and at the same time give the chief essentials in the fewest possible words. Pathology, Embryology, Physiology, Psychology and Toxicology must all be drawn upon and only their relatives to law especially emphasized. The reviewer believes that these fundamental branches can in no wise be abridged. All must be thoroughly familiar with them. Such a book as this little manual, being the work of a man with thorough practical training as a coroner's physician is very valuable in that it concisely and accurately shows the connection between theory and practice. It is within the power of every one to read and assimilate this volume. It is not the amount we eat but what we digest and absorb and use in the building up of the tissues which does us good. The student and practitioner too can use this as everyday diet. The larger works being more appropriate for special occasions. Any one who expects in any way to be connected with cases liable to demand legal investigation had better have this work. It will direct his attention to things which he would otherwise overlook and to what he doubtless would not have the time or patience to dig out of the larger reference books on Jurisprudence.

THE MOTHER'S NURSERY GUIDE. The more important articles in *The Mother's Nursery Guide* for November are: "Constipation in Children," by Dr. C. L. Dodge; "Common Disorders Attending Maternity," by Dr. Joseph B. Cooke; "The Prevention of Disease in Children," by Dr. W. B. Canfield; and "Our Relations to Our Neighbors' Children." A large number of helpful hints are included in the departments of "Nursery Helps and Novelties," "Nursery Problems," etc. This number contains the detailed index for the year, a glance at which shows the wide range of subjects treated, justifying the claim of the magazine made, when it started eight years ago under the name of *Babyhood*, that there was room for a journal which should become in every sense an authoritative guide to mothers in the care of children. Any mother may have a sample copy free by addressing the publishers, *Babyhood Publishing Co.*, 5 Beekman street, New York. \$2.00 a year.

THE OCTOBER HOMEMAKER.—The Home-Maker magazine for October, Vol. ix., No. 1, appears as a brand-new magazine from cover to cover. It is much larger and greatly improved in every respect, although the price remains at \$2 a year and 20 cents a copy. The contributors in the October number rank high. Mayo W. Hazeltine has an article on the Federal Elections or Force Bill, and gives both the Republican extreme view and the Democratic extreme view. Ella Wheeler Wilcox has a poem on Columbus. Helen Leah Reed contributes a paper on experimental education, which is illustrated. Miss Frances Smith tells all about Rev. Dr. Parkhurst, with three beautiful half-tone pictures of the eminent divine from his boyhood days to the present time. The life and works of Jenny June (Mrs. Croly), by J. Martin Miller, appear in this number.

THE U. S. PHARMACOPOEIA "1890" which will be published during 1893, adopts in great measure the *Metric System* of weights and measures; this will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary" has prepared a very complete table of the official and unofficial drugs, with doses in both the *Metric* and *English* systems; this table is to be published in P. Blakiston, Son & Co's Physicians' Visiting List, for 1893, together with a short description of the Metric system.

ORIGINAL COMMUNICATIONS IN NOVEMBER THERAPEUTIC GAZETTE. Dr. Werner, Nephrectomy for Enormous Sarcoma of the Kidney; Recovery. Dr. Longstreet Taylor, Shurly-Gibbes Method of Treating Phthisis. Dr. Colgan, Operation for Stiff Knee Following Tubercular Disease. Dr. Benedict, The Value of the Metric System in Dosage. Dr. Salinger, The use of cold water—Rectal Injections. Dr. Montgomery, The Diagnosis and Operative Treatment of Uterine Fibroids. Dr. de Schweinitz, The Use of the Ophthalmometer of Javel in the Correction of Cases of Astigmatism.

"THE PHYSICIAN'S BATTLE"—

LEWISBURG, Pa., June 5, 1891.

GENTLEMEN:—Please send me some Antikamnia Tablets, that I may test their convenience, not their merits, for I have tested Antikamnia so thoroughly for six months past, that it is no longer an experiment with me. It strikes directly and effectively, without bad results, at the two most characteristic points in disease, viz.: fever and pain. With these two points well under control, the physician's battle in acute attacks is nearly won. Respectfully,

PULASKI F. HYATT, M.D.

PAMPHLETS RECEIVED.

ANNUAL LECTURES DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF BALTIMORE, April 11 and 12, 1892. By Dr. W. E. B. Davis, President Tri-State Medical Society of Alabama, Georgia and Tennessee; Secretary Southern Surgical and Gynecological Association; Fellow American Association of Obstetricians and Gynecologists; Honorary Member New York State Medical Society, etc. Baltimore: Press of the Friedenwald Co.

GYNECOLOGICAL TECHNIQUE. A brief summary of the principles involved, as well as the technique of the gynecological operations performed in the Johns Hopkins Hospital. The significance of the operation and its technical surroundings to gynecological practice. By Howard A. Kelly, M.D., Professor of Gynecology and Obstetrics in the Johns Hopkins University. Reprint from the New York Journal of Gynecology and Obstetrics, July, 1892.

PELVIC INFLAMMATION IN WOMEN: A Pathological Study By William Warren Potter, M.D., Buffalo, N. Y. Reprint from the American Gynecological Journal, December, 1891.

THE TREATMENT OF TUBERCULOSIS WITH TUBERCULOCIDIN. A preliminary communication. By Dr. E. Klebs, of Zurich.

ADDRESSES DELIVERED AT THE OPENING OF THE CINCINNATI HOSPITAL MEDICAL LIBRARY, May 11, 1892.

WOMAN'S MEDICAL COLLEGE OF CINCINNATI. Sessions of 1892-93. Dr. T. V. Fitzpatrick, Secretary, 136 W. Eighth street.

THE TREATMENT OF INSOMNIA. By Joseph Collins, M.D., New York. Reprint from the Journal of Nervous and Mental Diseases. New York, July, 1892.

SECOND ANNUAL REPORT OF THE MIDWIFERY DISPENSARY. 314 Broome street, New York City.

AMERICAN ASSOCIATION OF STATE WEATHER SERVICES. Summary of the proceedings of the first meeting, held at Rochester, N. Y.

DIE RADIKALE HEILUNG DER UNTERLEIBSBRUCHE. Von Dr. Karl Schwalbe in Magdeburg, Sonder-Abdruck aus "Deutsche Medizinal-Zeitung". Berlin, 1891. Verlag von Eugen Grosser.

PROGRESS IN THE CARE AND COLONIZATION OF EPILEPTICS. By Frederick Peterson, M.D., Chief of Clinic, Nervous Department, College of Physicians and Surgeons. Reprint from the Journal of Nervous and Mental Diseases, August, 1892.

OUTLINE OF A PLAN FOR AN EPILEPTIC COLONY. By the same author as the above. Reprint from the N. Y. Medical Journal, July 23, 1892.

THE TREATMENT OF EPILEPSY. By Frederick Peterson, M.D., New York. Formerly Professor of Pathology in the University of Buffalo; Attending Physician New York Hospital for Nervous and Epileptic; Chief of Clinic, College of Physicians and Surgeons. Reprint from Buffalo Medical and Surgical Journal, August, 1892.

CLINICAL LECTURE DELIVERED AT THE SECOND ANNUAL MEETING OF the Association of Military Surgeons of the United States. By N. Senn, M.D., Ph.D., of Chicago, Ill.; President Ass'n Mil. Surgeons of the National Guard of the United States; Surgeon-General W.N.G., and Professor of Surgery at Rush Medical College. Reprint from the Second Annual Proceedings held at St. Louis on the 19th, 20th and 21st of April, 1892.

ADDRESS AND DECLARATION OF PRINCIPLES BY THE TRAFFIC ASSOCIATION OF CALIFORNIA. To the People of the State of California. June, 1892.

ANNOUNCEMENT OF THE DENTAL DEPARTMENT OF THE UNIVERSITY OF Buffalo.

UNIVERSITY OF COLORADO, BOULDER. Special Bulletin of Medical School and Law School. 1892-3. Herbert W. McLauthlin, M.D., Secretary.

THE GARDEN OF EDEN: THE ALLEGORICAL MEANING REVEALED. By Victoria Clafin Woodhull (Revised Edition). Also The Proposal, by Zulu Maud Woodhull (daughter of Victoria Clafin Woodhull). In two books. London. 1890.

D. HAYES AGNEW, M.D., LL.D. Biographical sketch. By his pupil, friend and assistant, De Forest Willard, M.D. Read by invitation before the Philadelphia County Medical Society, April 13, 1892.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of October, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	86	51	70	0	<i>Mean Barometer, 29.92.</i> Highest barometer, 30.13, date 9. Lowest barometer, 29.81, date 11. <i>Mean Temperature, 64°.</i>
2	96	56	76	0	
3	93	63	78	0	
4	92	62	77	0	MONTHLY RANGE OF BAROMETER: Highest temperature 96°, date 2. Lowest temperature 40°, date 23. Greatest daily range of temperature 40°, date 2. Least daily range of temperature 8°, date 6.
5	77	62	70	0	
6	72	64	68	T	
7	76	60	68	0	MEAN TEMPERATURE FOR THIS MONTH IN
8	72	58	65	0	
9	72	57	64	0	
10	75	60	68	0	1877.....63° 1883.....61° 1889.....66°
11	72	56	64	0	1878.....63° 1884.....62° 1890.....68°
12	82	49	66	0	1879.....64° 1885.....65° 1891.....66°
13	85	54	70	0	1880.....62° 1886.....59° 1892.....64°
14	76	48	62	0	1881.....61° 1887.....65°
15	67	52	60	0	1882.....63° 1888.....62°
16	68	45	56	0	<i>Mean temperature for this month for 14 years, 64°.</i> Total deficiency in temp. during the month, 3°. Total deficiency in temperature since Jan. 1, 387°. Prevailing direction of wind, W. Total movement of wind, 2292 miles. Maximum velocity of wind, direction, and date, 16, S. W., 16. <i>Total Precipitation, .33 inch.</i> Number of days on which .01 inch or more of precipitation fell, 4.
17	75	45	60	0	
18	81	50	66	0	
19	81	46	64	0	TOTAL PRECIPITATION FOR THIS MONTH IN
20	80	45	62	0	
21	77	46	62	0	
22	68	40	54	0	1878.....14 1883.....1.42 1888......40
23	70	41	56	0	1879......93 1884......39 1889.....6.69
24	74	45	60	0	1880.....14 1885......30 1890......03
25	86	51	68	0	1881......83 1886......02 1891......00
26	60	50	55	.01	1882......05 1887......17 1892......33
27	70	54	62	.01	<i>Average precip'n for this month for 14 years, .00</i> Total deficiency in precip'n during month, .57. Total deficiency in precip'n since Jan. 1, 2.43. Number of cloudless days, 12. " partly cloudy days, 13. " cloudy days, 6. Dates of frost.... Mean dew point, 43° Mean humidity, 69 per cent.
28	68	52	60	.30	
29	68	48	58	.01	
30	68	51	60	0	
31	69	53	61	0	

NOTE.—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., OCT., 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Direction	Total Mov't
Los Angeles....	64.0	96.0	40.0	29.92	69.0	4	.33	12	13	6	W	2,292
San Diego....	62.7	83.0	46.0	29.97	75.2	6	.22	12	11	8	W	3,139
Santa Barbara...	62.0	91.0	43.0		71.0	3	.26	17	9	5	W	2,550
Yuma.....	72.0	100.0	42.0	29.90		0	.00	24	7	0	N	4,298
Riverside.....												

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; O. J. Stacy, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

October, 1892

CAUSE OF DEATH	Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
			Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
Deaths from all causes.....	71	13.10	38	33	24	1	26	20	69	1	1
Deaths under 5 years.....	19	2.95									
I. Zymotic diseases.....	12	2.21									
II. Constitutional diseases.....	16	2.95									
III. Local diseases.....	22	4.00									
IV. Developmental diseases.....	8	1.47									
V. Accident and violence.....	10	1.84									
I. Typhoid fever.....	5		3	2	1		2	2	5		
Typho-malarial fever.....											
Diphtheria.....											
Measles.....											
Scarlet fever.....											
Smallpox.....											
Whooping cough.....	1			1	1						
Croup.....	2		1	1	2				2		
Pyæmia.....	1			1	1				1		
Septicæmia.....											
Diarrhæal.....	1		1		1				1		
Diseases } Under 5 years.....	1										
Diseases } Over 5 years.....	2			2	1		1		2		
II. Cancer.....											
Scrofula and Tabes-mesenterica.....											
Phthisis pulmon lis.....	15		10	5	1		6	8	15		
Tubercular meningitis.....	1			1	1				1		
III. Meningitis.....	1			1	1						
Apoplexy.....	2		1	1			2		2		
Convulsions.....	1			1	1			1	1		
Diseases of nervous system.....	1		1				1	1	1		
Diseases of heart.....	3		2	1			1	2	2		1
Aneurism.....											
Bronchitis.....	3		2	1	3				3		
Pneumonia.....	4			4	1		2	1	4		
Diseases of respiratory system.....	1		1					1	1		
Bright's disease.....	2		1	1			1	1	2		
Enteritis, gastritis, peritonitis.....	3			3	1		2		3		
Diseases of liver.....	1			1			1		1		
Diseases of urinary organs.....											
IV. Puerperal diseases.....	1			1			1		1		
Inanition and marasmus.....	6		3	3	5		1		6		
General debility and asthenia.....	1			1				1	1		
Dentition.....											
V. Suicide.....	1		1					1	1		
Accident and violence.....	9		8	1	2		5	2	8		

Deaths from causes not enumerated in the above list: Rheumatism, 2; Malignant Tumor, 1.

From report of GRANVILLE MACGOWAN, M.D., Health Officer.

BULLETIN of the Harvard Medical School Association No. 3. Report of the second annual meeting held in Boston, June 28, 1892. Boston; published by the Association. 1892.

Twelfth biennial report of the State Board of Health of California, for the fiscal years from June 30, '90, to June 30, '92. Sacramento. State office. A. J. Johnson, Supt. State Printing. 1892.

The tenth semi-annual meeting of the Southern California Medical Society will be held in Los Angeles, at the Y.M.C.A. Building, December 7 and 8, 1892. A full and interesting program has been prepared.

Our Advertisers.

HAPPY and content is a home with "The Rochester," a lamp with the light of the morning. For catalogue, write Rochester Lamp Company, New York.

A MODERN METHOD OF MEDICATION.—Among the many methods of administering medicaments, the soluble elastic gelatin capsule is growing to be one of the most popular. There are many efficient but unpalatable medicaments which may be readily exhibited in this way without offending the palate of the most sensitive patients, and capsules are much easier to swallow and more soluble than pills. Few physicians are aware of the many medicaments that are now administered in this way. Among these one need only mention the following to indicate the wide application of this method of giving numerous drugs: apiol, balsam, fir, balsam Peru, cascara sagrada, castor oil, castor oil and podophyllin, chaulmoogra oil, cod-liver oil, cod-liver oil and creasote, cod-liver oil and iodine, cod-liver oil and iodoform, cod-liver oil and iron, cod-liver oil and phosphorous, copaiba, copaiba and cubeb; copaiba, cubeb and buchu; copaiba, cubeb and iron; copaiba, cubeb and matico; copaiba, cubeb, matico and sandal; copaiba, cubeb and sandal; copaiba, cubeb and sarsaparilla; copaiba and iron; copaiba, cubeb and turpentine; copaiba and sandal; creasote (beechwood), 1 minim; eucalyptus oil; gurjun balsam; linseed oil; liquor sedans; male fern and kamala; nitroglycerin, 1-100 grain; oil of pennyroyal; pichi extract; salol; tar, purified; valerian oil; Warburg's tincture; wintergreen oil; wormseed oil; quinine muriate and sulphate. Of extra sized elastic-filled gelatin capsules there are castor oil, $2\frac{1}{2}$ to 15 grammes; cod-liver oil, $2\frac{1}{2}$ to 15 grammes; male fern and castor oil; santolin and castor oil. Messrs. Parke, Davis & Co., were among the first to make this method popular, and will be pleased to afford physicians interested all desired information concerning this agreeable method of medication.

C. P. CREASOTE FOR TUBERCULOSIS.—Sommerbrodt (*Berliner klin. Woch.*, October 19, 1891) reaffirms his faith in creasote both for incipient and for advanced cases of tuberculosis, pulmonary as well as laryngeal. Complete and permanent recovery is by no means uncommon even in persons in whom a tuberculous predisposition existed. Large doses (m xv — 3 j *per diem*) are most beneficial. Indeed, the more the patient can tolerate the greater the benefit derived. Sommerbrodt administers creasote in the

form of capsules, each containing about m ii of creasote with a little cod-liver oil or olive oil. There are very few persons with whom the drug disagrees, and in no case has he seen any harm done by its administration.—*British Med. Journal*.

S. A. McMURRAY, M.D., Marion, Ohio, says: I used Aletris Cordial with very good results, in the case of Mrs. —, aged twenty-three. Since the birth of her child, five years ago, she has been in a very poor state of health. At the time I saw her she was very much reduced. She also, since the birth of her child, had suffered with dysmenorrhea of a most severe type, the pain beginning three or four days before the appearance of the menstrual flow and lasting until one or two days after, its appearance being so severe as to confine her to her bed. She was also very nervous, had not much appetite, and did not sleep well. I ordered one teaspoonful of Aletris Cordial, three times daily, beginning one week before the appearance of the menstrual flow, and continuing for two weeks, then to discontinue its use until a week before the next period. In conjunction she also took one teaspoonful of Celerina, one hour after each meal, as I thought it would be beneficial on account of her nervous condition. I began to notice improvement in a short time, and at the next menstrual period there was little pain. From that time on there was marked improvement until at the end of two months she was free from pain at the catamenial periods. The nervous phenomena improved, as did also her appetite, until she is now, according to statement made me yesterday, in better health than she has been for six years.

"I HAVE a lady patient, a married woman, who had one child fourteen years ago, a second child five years afterwards, and is now seven months advanced in her third pregnancy. She has suffered for more than twelve years from endo-metritis, as well as chronic indigestion. During eight months of her second pregnancy, she never ate a full meal, and as a natural consequence the child was weak and helpless. The first half of this pregnancy, her health was wretched, since then I have been gradually building her up with tonics. Five weeks ago, fearing a miscarriage, I prescribed Ponca Compound. In a week the improvement was marked. She reported a day free from the slightest ache, pain or discomfort, the first in years. She has continued the use of Ponca Compound and is now in better health and has a better appetite than since the birth of her first child. Also begins to hope for a strong, healthy child."

J. P. FERRINGTON, M.D.,

Faison, N. C.

Southern California Practitioner.

VOL. VII.

LOS ANGELES, DECEMBER, 1892.

No. 12

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Original.

A SINGLE CASE.

BY JOHN C. KING. M.D.

At present, when surgeons report cases by "series"; when physicians record "one hundred cases" treated by some pet therapeutic measure, the history of a single case of typhoid fever may appear antique in the pages of a progressive journal. Two or three unusual features constitute my apology for presenting it. Mamie, aged four years, had been "ailing" for several days. Having been somewhat nervous, delicate and subject to mild indispositions little attention was paid to her, beyond withdrawing her from the Kindergarten, until the morning of October 26th, when her temperature arose to 103°. The patient was, at once, placed under typhoid regimen. That evening a severe, shaking chill was experienced, followed by a temperature of 105°. Next morning signs of pneumonic consolidation were discovered in lower lobe of right lung. The disease progressed steadily until October 31st. During the afternoon of that day the thermometer registered 106.9°. The respiration had already risen to 62, and the pulse to 140. The treatment, thus far, consisted of small doses of Tr. Aconite, and occasional doses of Phenacetin. Gr. 2 p. r. n. The temperature had varied from 104° to 106°. At 9 p. m. October 31st, Phenacetin Gr. 3 was given (Temp. 106.9°). By 1 a. m. the temperature had fallen to 100.6°, a steady decline of 6.3°. The pneumonia had reached a crisis and I hoped the diagnosis of typhoid was an error. However, by noon the record was 105.6°

and the fever steadily continued. Until the eleventh day the thermometer recorded over 105° daily, notwithstanding the exhibition of antipyrin. Upon the fourteenth day the maximum register was 103° , rising again on the sixteenth day to 104.7° and gradually falling to a minimum of 98.6° on the twentieth day. At this time relapse occurred. On the twenty-sixth and twenty-seventh days the temperature was again 103.6° . On the former day a hot pack was given. At the time the pulse was 160, temperature, 103.6° , respiration, 28. The result was a fall to 132, 101, and 23 respectively. The ensuing day the pack was repeated—an error of judgment. The record stood: pulse, 154; temperature, 103.6° ; respiration, 28. Inside of ten minutes collapse followed, pulse arose to 173 and almost imperceptible, respiration 38 with dyspnoea, child unconscious, surface marble. Patient was placed in a dry blanket, whiskey, nux vomica and ammonia administered. In a short time she was in a fairly good condition. From that time onward no thermometric freaks occurred. The temperature curve gradually receded to normal, about the thirty-eighth day, although variations between 97° and 99.5° indicated unhealed ulceration in the bowels for several days thereafter. The respiration gradually fell from 62 on the fifth day to 22 on the twenty-first day. During relapse the movements became a trifle more rapid; varying with the fever, from 20 to 37 and steadily falling to 18 as the temperature became normal. Strange to relate, the hepatization in right lung cleared up and very little hypostatic congestion took place in the later stages. The pulse remained fairly good until the relapse, when the heart showed signs of typhoid degeneration and weakness. The pulse, for some days, reached 150 to 160 daily. Half drachm doses of whiskey every two hours, combined with minute doses of Tr. Digitalis, sufficed to control the threatening cardiac condition. Nervous symptoms prevailed; at times, sleeplessness; constant picking, requiring the hands to be muffled to prevent injury to the eyes, ears and nose; restless tossing, difficult to keep covered; rolling the head from side to side, with an occasional cephalic cry. In short, the usual symptoms of a typhoid run with nervous tendencies. Very small doses of Tr. Hyoscyamus controlled the nervousness to a great degree. Coma, semi-coma and coma vigil were each noted. On the eleventh day the child, while apparently conscious, bit a thermometer in two and repeated the operation upon a second one, a few hours later. Thereafter the temperature was taken in the axilla. Owing to the skill and persistent effort of the nurse no actual bed sores formed, although threatening ecchymoses were present on both hips and sacrum. The eruption occurred early

in the second week, somewhat sparsely distributed over chest, abdomen and between the scapulae. During the relapse, however, it was quite profuse. The kidneys secreted a fair quantity of urine in proportion to the liquids ingested. The total amount for thirty days was 556 ounces, a daily average of $18\frac{1}{2}$ ounces. The maximum was 24, the minimum 12 ounces. Retention of urine obliged the nurse to resort to the catheter a number of times. The bowels were, at first, constipated; afterward loose, the dejections being typical and involuntary for many days. Nourishment consisted of liquid peptonoids, two drachms every four hours in an ounce of water, together with $2\frac{1}{2}$ ounces of milk and $\frac{1}{2}$ ounce of lime water during the interval. These quantities varied somewhat. The stomach at times became irritable. In thirty days $621\frac{1}{2}$ ounces of liquid were ingested—a daily average of $20\frac{3}{4}$ ounces, the maximum and minimum being, respectively, $27\frac{1}{2}$ and 9 ounces. If the relapse can be attributed to any known cause, it was due to the increase in the ration of milk to 3 and then 4 ounces, as the temperature fell. When it took place, milk was withdrawn and peptonoids given every two hours, with half a drachm of whiskey, until the thirty-fifth day, when small quantities of junket were added. Blackberry juice, eggnog and chicken broth soon followed. Water, of course, ad libitum. The child's strength was maintained without difficulty. Epistaxis occurred several times during the early stages of the disease, but was never profuse. Tympanites gave considerable distress during first ten days, although hot turpentine stupes always afforded temporary relief. Careful attention was paid to hygienic conditions. As soon as the nature of the disease became manifest a large, sunny, south bed-room was vacated and the patient installed in it. Her crib was placed in the center of one end, out of direct draft. The stove was at the opposite end. The window near the stove was totally removed, sash and all, and a door opposite the window kept constantly open; this door opened into a large music room twenty-eight feet long, containing three windows and an outside door, all of which were kept open day and night. Other doors were opened as required. During a bath the doors were closed and the window covered. Part of the time the weather was very stormy but no change was permitted in the arrangements for admission of air. The temperature of the room was not allowed to vary materially. During the nights and storms an astonishing amount of wood was burned to maintain an even temperature. A thermometer was kept on the crib, or beside it, and one in another part of the room. At all times the atmosphere of the apartment was perfectly pure and fresh. For disinfecting purposes a solu-

tion of corrosive sublimate 1 to 500 was exclusively used ; it was prepared daily and kept in $\frac{1}{2}$ gallon bottles and porcelain slop jars. All stools, urine and soiled linen of every description, were covered by the solution, in which they were allowed to remain from two to twelve hours. Stools were then poured into a deep pit and covered by earth. Linen was carefully washed. Very badly soiled articles were immediately burned. The solution was placed in each chamber, bed-pan, urine measure, etc., as soon as emptied and allowed to remain until used again. The hands of those who changed the child were at once disinfected. Each morning a

Day of Disease.....	1	2	3	4	5	6	7	8	9	10
Temperature	{ M.. 104	104	104.2	104	104.4	104.4	100.6	103.2	103.2	104.2
	{ E.. 105	105.2	105	105.2	105.8	107	105.6	104.8	105.4	105.2
Pulse.....	{ M.. 110	116	114	116	120	130	118	123	121	127
	{ E.. 128	131	128	132	140	149	145	144	142	144
Respiration.....	{ M.. 25	25	31	30	62	31	25	33	28	30
	{ E.. 30	38	39	40	30	56	46	52	50	52
Date.....	Oct 26	27	28	29	30	31	Nov 1	2		4

Day of Disease.....	11	12	13	14	15	16	17	18	19	20
Temperature	{ M.. 103.8	102.6	103.2	101.6	101.8	101.8	101.9	101.3	100.5	99.6
	{ E.. 104.4	104.4	104.5	103	103.6	104.7	103.8	102.9	101.9	102.1
Pulse.....	{ M.. 120	126	125	122	120	118	126	124	122	114
	{ E.. 138	142	144	133	144	150	146	144	140	142
Respiration.....	{ M.. 31	31	26	28	28	23	26	24	24	26
	{ E.. 42	42	43	43	45	42	41	36	39	40
Date.....	5	6	7	8	9	10	11	12	13	14

Day of Disease.....	21	22	23	24	25	26	27	28	29	30
Temperature	{ M.. 99.2	99.1	100.1	98.9	100.2	101.4	100.6	101	99.9	100
	{ E.. 101	101.8	102	102	102.5	103.6	103.6	102.8	101.4	99.4
Pulse.....	{ M.. 118	108	115	117	120	132	131	126	125	126
	{ E.. 133	138	150	150	136	160	173	160	148	122
Respiration.....	{ M.. 22	22	23	20	23	21	23	38	19	22
	{ E.. 28	30	34	37	19	32	32	25	34	34
Date.....	15	16	17	18	19	20	21	22	23	24

complete bath was given under the bed-clothing. As required by the temperature or by the restlessness spongings were done, from ten to twenty minutes at a time, all under cover and upon a blanket. Alcohol was used in the daily bath. To prevent bed-sores massage with equal parts of Bismuth and Boracic acid was used. Hourly records of patient's condition were made day and night ; also, when possible, of pulse, temperature and respiration. All ingesta and excreta were measured and noted ; except when the latter were involuntary—and then estimated. Each new clin-

ical thermometer used was tested by comparison with one reserved for the purpose. For constipation, injections of warm suds and glycerine were given. Indeed, the attention the case received, apart from the attending physician, was perfect. I may be permitted to refer in eulogistic terms to the nurse, Miss Emmeline Bigley, to whose skillful care the recovery of the patient is in large measure, if not entirely due. Miss Bigley is a graduate of a Chicago training school, has had some years of hospital and private experience, (she was head nurse at St. Luke's, Chicago) and is a lady of refined manner and christian principle. Her specialty is surgical nursing. She is young, strong, willing, cool and quick in emergencies. Los Angeles nurses hitherto employed by me have been of the very best, therefore it will not be deemed invidious for me to express the hope that Miss Bigley may find sufficient employment there to prevent her return to Chicago. Briefly, the unusual elements in the case were :

First. Severe pneumonia during first week, (hepatization, cough, rusty sputa, etc.) followed by clear lungs and little or no hypostatic congestion later.

Second. Marked laryngitis during latter part of first and former part of second week, with complete aphonia, and entire disappearance during third week.

Third. The fact that such a virulent case of typhoid fever occurred in so young a subject. Usually typhoid in childhood is of short duration and mild type, the temperature rarely exceeding 103°. During the existence of this case I attended another, of about the same age, in which the temperature never exceeded 102°.

Fourth. Recovery without sequelae of any sort, of a case of typhoid, in a little child, in which the temperature for ten consecutive days arose to 105° and over, (once to 106°, again to 107°) followed by a relapse with a register of 103.6°, and an almost fatal collapse on the twenty-seventh day.

BANNING, CALIF., Dec. 6, 1892.

TRANSACTIONS OF THE TENTH REGULAR SEMI-ANNUAL MEETING OF THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The tenth semi-annual meeting of the Southern California Medical Society was called to order by the President, Dr. F. T. Bicknell, at 11:45 A. M., on the 7th of December, 1892, in Ludlam Hall, Y.M.C.A. Building, Los Angeles.

Dr. W. LeMoyne Wills, chairman of the Committee on Arrange-

ments, in a few timely words gave the visiting members a most hearty welcome.

Dr. D. B. Van Slyck, of Pasadena, made the following response:
MR. PRESIDENT AND MEMBERS OF THE SOUTHERN CALIFORNIA MEDICAL SOCIETY:

It affords me much pleasure, in behalf of this Society, to cordially thank our Los Angeles brethren for the hearty and generous welcome so gracefully extended to us in the address to which you have just listened.

It is good for us of the rural districts, once in two or three years, to comb the hayseed out of our hair, put on our good clothes, and come up to the metropolis to see its sights, admire its splendors and prosperity, and compare notes with our more fortunate bretheren.

We of the country are not so highly differentiated and specialized as are you city Doctors.

If a patient has a troublesome corn we can't send him to a chiropodist; if he has a bug in his ear or mote in his eye, no oculist or aurist is anxiously waiting to relieve us of him; if a woman gets a crick in the back or pain in the side or neuralgia over her left eye, no gynecologist is at hand to tell us (what is the matter) her uterus is out of order; if a dump-cart tips over and mashes the poor driver out of the semblance of humanity, we can appeal to no great light in surgery, but have to face the music by ourselves and do the best we can.

However, every evil is said to have its compensations; so while the city Medico finds relaxation from his arduous labors in the amenities of fashionable life—in the opera, the theatre and possibly, in innocent dissipations of which we country men know not even the names, *we* must be reading up and posting ourselves on special subjects.

While we are digging in our gardens, or winding our weary way in the darkness of night to the bedside of some distant sufferer, we must be thinking, organizing our ideas, reducing our experiences to order, digesting what we have read and planning how to meet emergencies. Why, now-a-days, when we have a leisure hour, we can't even enjoy the relaxation of playing checkers at the corner grocery.

All of which has a broadening, deepening and sharpening effect upon our character, while our poverty makes us husband our resources, and teaches us how to make a few appliances go a great way, and altogether gives us ingenuity and self reliance, for we know only too well that the country tub must stand upon its own bottom. These are our compensations.

At the same time, we can not help—notwithstanding our frank and contented spirit—longing for many conveniences a cruel fate has denied us, the chief of which, and “a long felt want” it is, to have a specialist located at every cross-roads to help us out when we are in doubt about our diagnoses, or have an anomalous case such as was never seen before.

In default of this we eagerly come up to this Society, especially when it meets in our chief city, for a holiday, to have a good time and, figuratively speaking, to pass around the hat to collect special opinions to correct our own crudities.

We need not be reminded to say the usual grace before meat, “for what we are about to receive, make us duly thankful,” for we are more than thankful in advance and know from happy experience, that we are sure to be right royally entertained in the City of the Angels.

DANGERS OF INHALATION OF SMOKE POWDERS IN THE TREATMENT OF ASTHMA. *

* Read before the Tenth Regular Semi-Annual Meeting of the Southern California Medical Society, Los Angeles, Dec. 7 and 8, 1892.

BY J. H. BULLARD, B.A., M.D., ANAHEIM, CAL.

It is an old treatment, that of relieving the paroxysms of an asthmatic attack by means of the inhalation of fumes of medicated smoke vapor. When the physician was his own dispenser, generations ago, he prepared his wads of blotting or common brown paper by soaking them in a concentrated solution of nitre, or nitre and chlorate of potash, which, when dried and cut in oblong pieces, were stored and kept dry and always ready for use. Today, the manufacturing chemist kindly relieves us of any such trouble. In the apothecary shops we find scores of these smoke powders, sometimes in the form of cigarettes, and usually sold under the name of the parties making them.

In my experience, these prepared powders are better, more prompt and sure in relieving asthmatic paroxysms, than the old-fashioned nitre paper. In the form of coarse powder, which burns freely, yet without flame, they produce a copious smoke which, when inhaled, often acts like magic; benefitting always, even when not entirely checking the spasm. They are all of very similar composition. The improvement upon the old nitre paper, consists in the addition, usually, of varying amounts of powdered stramonium leaves, and such other substances as cubeba, sumbul, benzoin, oil of cassia, herb lobelia and perhaps tobacco. Old asthmatics, after repeated trials, usually settle upon one special brand which relieves them better than any one of the others, and

keep it ready by them. I suppose it is a routine treatment for other physicians, as I know it is for myself, when first called to a case of asthma to suggest in conjunction with other treatment a package of some favorite make of these asthma powders, and to advise the placing of a certain amount on a saucer or some other vessel, setting fire to it and holding it below the face to breathe it in deeply and freely. Until a year ago or more, it had never occurred to me that there might be any danger of asphyxiation from the careless use, or too free inhalation, of these vapors ; and I had never thought it worth while to caution patients against them. All text books in advising the use of smoke inhalations, are silent as to any possible danger from them. The meagre medical literature at my command makes no mention of it, nor do I remember ever reading a reported case where death has occurred in this way. Ringer somewhere recommends, in cases where ordinary inhalations do not help, to charge the room full of the dense nitre vapor, promising almost certain relief if this is done ; yet he has no word of caution against the possibility of producing an atmosphere so full of these narcotic vapors and so lacking in necessary oxygen as to produce a gradual asphyxiation, passing into that easy and painless moribund condition oftener seen in poisoning from carbonic acid gas or illuminating gas.

A case of just this sort has been one of the unpleasant incidents of my practice during the past year. In its fatal termination it partook of the nature of a family tragedy. It has interested me so profoundly that I have felt I could offer this Society nothing more instructive or interesting. It is as follows: Mrs. J. B., age thirty-six, a strong, healthy, hard-working woman of good German stock, husband well-to-do, the mother of eight living children and one other dying in infancy. She had always boasted of her strength and iron constitution and did all her work (with the assistance of the oldest daughter) necessitated by the care of these eight children and of a large two-story brick house. Until 1890, she had never had a doctor for herself. Her own mother had delivered her in all her nine confinements without trouble. In October, 1890, she aborted of a two months' foetus—I attended her—she refused to remain in bed longer than two days ; getting up and at her work again as usual. Some days after, a severe attack of asthma came upon her. Asthma was hereditary in her family on her mother's side, but this was her first attack. It was readily subdued in a few days by use of bromidia, with occasional inhalations of Power's asthma powder, and by a mixture of grindelia and iodide of potassium with lobelia and belladonna.

Just a year from this time, in October, 1891, she again aborted a two months' foetus, which abortion she admitted she had brought on herself, remarking, when I charged her with it that if doctors would not help out a poor woman with eight children already, they must help themselves. In two days she was up and at her work again, although strongly advised to keep her bed, lest the asthma return. She was a very self-willed person, accustomed to being obeyed even by her not over brilliant husband, and never following out the doctor's orders if she could help it. Nine days after this, I was called at two o'clock in the morning to relieve her of a most distressing attack of asthma. While dressing, another messenger came for me to attend a midwifery case five miles away; I first went to the sufferer from asthma. She was laboring hard for breath and inhaling the smoke vapor. I injected at once a hypodermic of morphia and atropia; advised her to continue the inhalation till relief came and assuring her she would soon be better and that I would see her again in the morning, I went on to the case of midwifery. This proved to be a primipara of forty years of age. We had a long and hard struggle with unyielding, firm tissues, and it was mid-day or after before the child came.

When I returned to Mrs. B., it was two in the afternoon, twelve hours since I had left her. As I ascended the stairs to the upper hall, I found it full of the sickening asthma smoke, the door of her room was partially open and the smoke pouring out; entering, I could hardly see her, the smoke was so dense. Her husband followed me in, casually asking how she was. She had, as I learned afterward, gone to sleep fully relieved soon after I left her the night before. That morning, she thought herself all right; was up and helped about the breakfast, and it being her daughter's birthday, had made a cake for her. At about ten o'clock her asthma suddenly came upon her and troubled her sorely. She went to bed and commenced inhaling the smoke. This giving her no relief, in a fit of exasperation, she ordered her husband to put the whole package of asthma powder in a vessel on the floor and fire it so that the fumes rising would reach her face. She then told him to close windows and doors and go for some more powder. He obediently did so, returned once or twice and replenished the powder in the vessel. When he spoke to her she had motioned him away. For two full hours, before I came, she had been stupidly left alone in that room overcharged with its heavy fumes of smoke. They thought her sleeping and had left her quiet. I quickly opened a window and stooped down to look at her. Her skin was blue and cold with the slight perspiration of

death about her face. I could at first feel no pulse, but afterward it came, soft, weak, irregular, too rapid to count, stopping at intervals. Her respiration was shallow and labored with a kind of jerky motion, ceasing for intervals. I shouted, "she is dying," called for hot blankets and hot water, opened all the windows, and as rapidly as possible injected two syringefuls of brandy into the arm. In a very short time, neighbors running in, I had her entire body being rubbed vigorously, and a man behind her pillow keeping up artificial respiration, which was not stopped an instant for over two hours. I opened a vein in the arm and the blood flowed out black and thin and feebly. It was allowed to run heedlessly over bed and floor and probably a pint or more escaped. I repeatedly injected brandy and ether also, hypodermatically into the tissues, and an ounce or two of brandy into the rectum. I also gave a hypodermic of strychnia, gr. 1-50, in hopes to stimulate the respiratory centers. I sent for my battery and applied it over chest and heart. At times she seemed to improve slightly; her body grew warm from the hot blankets and repeated rubbings, and her skin partially lost its cyanotic tint. But the heart did not improve nor did the respirations for any time. The heart finally stopped, the respirations persisting a little longer under the influence of artificial respiration, which was kept up some time after she was dead.

I have wondered since, if inhalation of oxygen or transfusion would have been of any use at the time I found her. I think not, for she was practically moribund and had, no doubt, been so for some time. The use of either, however, was impossible under the circumstances in which I found her.

My paper ends with the death of this patient. There is really nothing further to be said on this subject, more than this: That in prescribing these medicated fumes for asthma, patients should be cautioned about the danger of over-indulgence. In the hands of the ignorant or careless or stupid, another death by asphyxiation from their use might have to be recorded.

DISCUSSION.

Dr. Wm. Brill, Los Angeles: My experience is limited in the use of smoke powders; have ordinarily found them to be irritating to the air passages, especially when the paper is burnt. I have found that a combination of *grindelia robusta*, *yerba santa*, *euphorbia pilulifera* and iodide of potassium acts kindly in these cases.

Dr. W. D. Babcock, Los Angeles: Being a hay-fever patient myself, I have tried every powder but without relief; they were irritating and gave a sense of suffocation.

Dr. J. R. Haynes, Los Angeles: In a very intractable case I found that antipyrin did as much good as anything, also morphia hypodermatically.

Dr. R. W. Miller, Los Angeles: Of what did the powders consist? We all know that the potassium salts are depressing. Was the heart previously sound?

Dr. M. F. Price, Colton: In a large experience with asthma, I have found all treatments unsatisfactory, none that I could rely on. My idea of the action of the powders is similar to that of Dr. Bullard. It is not so much due to action of medicine as to the filling of lungs to the exclusion of oxygen; I think the powders consist principally of stramonium. The best results I have obtained have been from the use of some powerful nauseant, the most efficacious being lobelia.

Dr. D. G. MacGowan, Los Angeles: A few years ago I had five asthmatics at one time, one of whom was attacked in rainy weather, two in clear and two at any time. I tried everthing, lobelia included. Expected much from euphorbia pilulifera, but was disappointed. It seems strange that in Australia it is regarded as a specific; however, it may be due to a difference in the preparation, for I found on investigation that theirs is prepared from the freshly dried or green leaf. Morphia and atropia in sufficient doses have given the best relief; in one case, a Spanish girl, I never commenced with less than one grain at a time, and sometimes as much as two, but of course I knew my patient.

Dr. Price: I have known of three cases cured by moving to Colton; have seen some very bad cases in the place and one case developed there.

Dr. J. Kurtz, Los Angeles: I don't believe there is a remedy or a climate for asthma. It is a symptom, depends on bronchitis, heart trouble, etc. One case will do best at San Pedro, another at Monrovia. I have found that the iodides and stramonium do the most good.

Dr. Babcock: As the discussion has taken this turn, I will speak again. Asthma is a symptom; sixty per cent of cases are dependent on nasal causes; over one-half will be relieved by a strong spray of cocaine and the relief maintained for several hours by following with strong spray of antipyrin.

Dr. H. Bert. Ellis, Los Angeles: All of my cases have been due to nasal reflexes and I have been able to relieve them all in from one-half to four hours by spray of cocaine followed by menthol.

Dr. Miller: I didn't suppose any one here knew anything about a *reflex*. In a case of asthma recently I found hypertrophy of the turbinated bones and a deviated septum. I operated with satisfactory result, improvement of asthma.

Dr. Bullard: The discussion has taken a wider range than I expected. The patient was one of the strongest women I ever knew, heart perfectly sound. The death, I think, was due to lack of oxygen in the blood. In Orange county is a strip of wet land where asthma develops constantly, have advised them all to leave. One case went to Tehachapi and has no more trouble. One old man who is tied down by his ranch, goes to Carbondale every summer for a few months, gaining enough strength to return and live out the rest of the year at home. Nothing is better than a hypodermatic injection of atropia 1-30 at the base of the sternum. I constantly prescribe grindelia with iodide of potassium, Fowler's solution, and yerba santa. An old doctor in Anaheim takes arsenic till an eruption comes out; then he stops, being free of the asthma, to begin again when eruption disappears and asthma reappears.

CASES IN PRACTICE. MALIGNANT PUSTULE: AND INSANITY DUE TO BISULPHIDE OF CARBON.*

BY C. L. BARD, M.D., VENTURA.

Believing that a paper, presented to any medical society, relating to diseases peculiar to the section which it represents, must necessarily be of especial interest and value to its members, I beg to narrate the history of two cases occurring in my practice, the features of which are incidental to the locality in which we reside, and to the avocation of its inhabitants.

At the June meeting of this Society, a paper on "Malignant Pustule"† was read by Dr. MacGowan, which was so complete and exhaustive, so far as the etiology, pathology and treatment are concerned, that my contribution will by no means imply any *omission* on the author's part, but will serve to *emphasize* the importance of the subject which he so skilfully handled.

Since we last met, it has been my fortune to treat six cases of the disease in question; of these, four were situated on the forearm and produced by direct contact, in removing the hides of sheep which had succumbed to the disease.

The remaining cases, one of which was situated on the hand, and the other on the chin, were caused by fly-bites. One of these cases terminated in death, the first to occur in Ventura County, and, with the fatal cases mentioned by Dr. MacGowan, making the *third* recorded in Southern California. The report of this

*Read before the Tenth Regular Semi-Annual Meeting of the Southern California Medical Society. Los Angeles, Dec. 7th and 8th, 1892.

†See Occidental Medical Times, August, 1892.—Ed.

case and of the autopsy, the first ever made in this section, will form, I am sure, an interesting supplement to the paper already presented.

Baptiste Lassu, a Basque shepherd, aged fifty, contracted Malignant Pustule on the Tapo Ranch, while skinning a sheep which had died from the effects of Charbon, or Splenic Fever. Relying upon poultices made of native herbs, he remained at the ranch five days after the development of the pustule, before applying to me for relief.

Presented himself July 2nd., 1892. Pustule equal in size to a silver dollar, situated on palmar surface of right fore-arm, one inch above carpus, and overlying the radial artery. The entire arm, from hand to shoulder, was greatly swollen, tense and glistening. Enlargement of the axillary glands coexisted. Pulse, 118, temperature, 103°. The subjective symptoms were rigors, alternating with flushes of heat, anorexia and headache.

Patient exhibited an anxious countenance and was very much exhausted physically and mentally. Despondency and restlessness were well marked. The pustule was laid open freely by crucial incisions, and a saturated solution of the corrosive chloride applied. The swelling of the arm was treated by multiple incisions and punctures, and the entire member enveloped in a moist antiseptic dressing. Internally, three grains of quinine with whisky, was given every four hours, alternating with twenty minims of the tincture of the chloride of iron.

July 3d. Pulse 118, temperature 103°. Has had two well pronounced chills. Removal of dressing shows no diminution in the swelling of the arm, which is now covered with blebs, and bathed with a profuse flow of serum from the incisions.

July 4th. Pulse 85, temperature 100°. Patient in the best of spirits and expresses himself as feeling much better. Sat up to have the dressing changed. Swelling much reduced and no increase in size of pustule.

July 5th. Was summoned hurriedly at 6 A.M., and found him in a state of collapse. Pulse fluctuating, intermittent and impossible to count. Temperature 97°. Semi-consciousness, extreme restlessness, cyanosis, embarrassed respiration, vomiting and diarrhoea. Was informed that he had rested well until 2 A.M., when rigors, vomiting and diarrhoea occurred. These symptoms, by his friends, were attributed to over-indulgence at the table on the preceding day. Patient did not respond to hypodermics of strychnia and stimulants, and died at noon.

Autopsy three hours after death, made by Dr. Kellogg and myself

Cadaver of a man, apparently fifty years of age, six feet in length, and weighing about 160 pounds. Face bloated, mottled, purplish; ears bluish black; eyes open and glazed. Profuse, foul-smelling, dark grumous discharge, mixed with air bubbles, boiling forth from the mouth and nostrils, the bubbling accompanied by an audible sound, intensified by pressure on thorax. Abdomen, chest-walls and neck, tense, glistening, and tympanitic, with very pronounced discoloration of the skin. The integument of the infra-clavicular and mammary regions of the right side purplish, that of other portions of chest-walls, anterior and posterior, irregularly mottled. The skin of the abdomen has a dark greenish hue. Right arm and forearm fully twice the normal size, of a dark purplish color, and pitting upon pressure. The axillary glands are enlarged and the entire axilla is discolored. Covering the entire arm are numerous incisions gaping and discharging a bloody serum. Numerous blebs are noticed below and a few above the elbow. One inch above carpus on palmar aspect is an ulcer, or pustule, equal in size to that of a silver dollar, black, gangrenous, and marked by double crucial incisions.

INTERNAL EXAMINATION.

The sub-cutaneous cellular tissue is somewhat gelatinous, showing at places, infiltration of blood, but nowhere are *gas bubbles* found. A great deal of stress is laid on this last feature by the bacteriologist, as a result of his observations in the laboratory. Muscles are soft and flabby. *Lungs* markedly inflated and congested; the lower lobes of dark purple color but exhibiting no solidification. Upon section, found to be cedematous, filled with a stinking sero-sanguinolent fluid mixed with air bubbles. *Heart* normal in position and size; cavities filled with black, tarry blood, but no clots are noticed. Fearful stench from the escaping gas when the abdominal cavity is opened. A considerable amount of peritoneal fluid escapes at the same time. Peritoneum and intestines irregularly injected but no adhesions are noticed. Spleen adherent with a thickened capsule and not easily removed, $5\frac{1}{2} \times 3 \times 1$ inches in dimensions. Steel gray color. Extremely soft, pul-taceous and crepitating like lung tissue. Section shows a dark brownish homogeneous mass, from which escape air bubbles upon pressure. Stomach hyper-distended with gas and containing a small amount of a greenish yellowish fluid. The entire mucous lining shows numerous ecchymotic areas. Intestines filled with gas, congested, but no adhesions are apparent. Contain a dirty yellowish fluid and but little fecal matter. No apparent lesion of glands or Peyer's patches. Mesenteric glands injected and considerably enlarged. Liver normal in size, firm, smooth, upper

surface gray, under surface tinged with green. Gall bladder partially filled. Section of liver shows dry surface containing but little blood. Kidneys normal in size, surface smooth, mottled, firm in consistency, capsule non-adherent; cortex grayish-red; pyramids strongly outlined, being much darker in color. Scrapings of a section show on the knife-blade what appear to be oil globules. Supra-renal capsules normal. Bladder contains a small amount of highly colored urine. A microscopical examination of the blood on the evening of the same day showed it swarming with bacilli anthracis and their spores. It exhibited also an increase in the number of white corpuscles, and a diminution in that of the red corpuscles, which displayed no tendency toward the formation of rouleaux. Sections of the spleen, liver, and the involved axillary glands, under the glass, exhibited the presence of the bacilli and spores in immense numbers.

It is true that pathology has not been sensibly enriched by this autopsy, but it has certainly shown an exception to the rule that the spleen is usually enlarged. It shows also how very quickly decomposition ensues, probably more so than in other forms of general septicæmia. The rapidity of the development of the spores, which are never found in the living or uninjured dead animal, is also remarkable, as in the artificial cultivation a longer time is required.

My experience with this disease embraces a period of about twenty years, and comprises over one hundred cases. About the year 1872, a Basque sheep-owner, Pedro Edcart by name, left Bakersfield with a band of five thousand sheep which had been infected by the introduction of bucks imported from France, or possibly, from Los Angeles County. Passing through the San Francisquito cañon, he proceeded to San Fernando and from there to the plains of Ventura County. In six weeks time, he lost one-half of his flock and the localities where it grazed, (I speak positively as far as my own county is concerned) are infected to this day. They have been swept by fire; deluged by rains; torn up by the plough; exposed continuously to the glaring heat of a southern sun; deserted for years at a time; but the resumption of their use as a range has invariably resulted in an outbreak of the disease. One of these ranges, two years later, was rented by a sheep-man, who placed on it a band of eight thousand sheep. Shortly after its occupation, the malady appeared, and in two years' time, the owner, who was stubborn, deaf to advice from others and determined to remain, lost every one of them.

At present the disease seems to be confined to Los Angeles, Orange, Ventura, Kern, and some counties in the San Joaquin

valley. I believe that it has never been known in San Diego and San Bernardino, and until very recently, Santa Barbara has escaped. It has not been confined to sheep, as cattle in the same localities have been infected.

At the present moment it exists in cattle in this county of Los Angeles and the Supervisors are taking some action toward suppressing it. Until very recently, I have never heard of horses manifesting the disease. About one month ago, however, a strange disease appeared near Marysville, which still exists and is confined exclusively to horses. Of a band of two hundred and fifty, one hundred have died, and the balance are more or less affected. Dr. Buzzard, a Veterinary surgeon, who has inquired into the matter, has discovered the presence of the bacillus anthracis, and has declared the distemper to be Splenic Fever.

Although the disease in animals is usually manifested in the internal form, we, as physicians, as yet have been brought in contact with its external form only. No case of Splenic Fever occurring in man, has as yet been recorded in Southern California.

One sudden death, occurring in my field of work, has been generally attributed by the sheep-men to eating the flesh of a sheep which had succumbed to the disease. Who knows but what some of the deaths occurring in remote localities, when the diagnosis has been obscure, may have been due to this form?

The immunity of the herder to the internal form is doubtless due to the fact that he seldom, if ever, partakes of infected flesh. It is readily seen, however, that he could eat such meat with impunity, provided that it was very fresh and taken from an animal which had just died, and before the development of sporules, for the entrance of the bacilli anthracis into the alimentary canal is rendered innocuous by the action of the gastric juice. Not so with the sporules, however, which pass through the stomach unscathed, to create systemic infection through the intestines. The lessened liability of the carnivora to the disease, may also account for the comparative immunity of the herder, whose diet is so largely animal in character.

With increased immigration and closer competition, it is not chimerical to presume that some day infected meat will be distributed by the butcher, and in that event we will certainly be called upon to treat cases of Splenic Fever in man. In view of such a possibility, it will be well for us to remember that in 1770, 15,000 people died in six weeks, in San Domingo, from eating Anthrax flesh, and that in the frequent Anthrax years on the steppes of Russia, a large percentage of the human population has perished.

Considering that for two decades of years it has been *endemic*

in our section, it is strange that it has escaped attention and discussion in our local medical societies until Dr. MacGowan so forcibly presented it. Stranger still that there has been no legislative enactment to stamp out a disease so dangerous to life and so menacing to a waning, but nevertheless important industry.

France and Germany, by their laws and ordinances, show that they are keenly alive to the importance of controlling and subduing the disorder; but in England and America, no enactment exists which interferes with the disposition of the carcass of a diseased animal as the owner may see fit. As you already have been informed, the only efficient method of suppressing the disease consists in the destroyal of the infected animal by fire, or its interment at least eight feet beneath the surface.

The herder, owing to the prevailing scarcity of fuel and to disinclination, seldom resorts to the use of fire, and when the spade is used, the dead animal is usually stowed away just beneath the sod. The hide, which, by the way, is readily distinguished by its dark color, is sent away to possibly contaminate some poor working man, or worse still, some poor working girl, in a distant factory.

On March 16th, 1889, a law was framed in our State Legislature, authorizing the Supervisors of the different Counties to appoint, if so requested to do by a petition of not less than fifty names, a Sheep Commissioner, whose duties were to be defined and determined by said Supervisors. Reference to the ordinance and transactions of the several Counties represented in this Society show no appointment at any time, of any such officer, and of no special action directed toward the suppression of this particular disease. It seems to me that any effort made by us as individuals, or assembly, to secure some legislation toward the prevention of the spread of the disease, would be but in accord with the spirit which should ever prompt us in matters concerning the public health. Being the only endemic disease in our midst, no other claims greater consideration, and in bidding the subject farewell, I do so with the firm conviction that its discussion will ever remain, as long as the disease exists, a prominent feature in the transactions of our Society.

In another selection from my case-book, I present the report of one of especial interest in a medico-legal point of view.

In the year 1882 there resided twenty-five miles distant from Ventura, two German brothers, Alois and Ludwig Albrecht by name, who occupied a small cabin on a government claim. Honest, industrious and genial, they existed on the best of terms with their neighbors, who entertained for their good qualities the high-

est appreciation. Early one morning Alois sallied from the cabin and proceeded to the home of Robert Stocks, his nearest neighbor, with whom he never had had the slightest difficulty, or misunderstanding. Finding him at the barn, he entered into conversation by saying that neither he nor his brother had felt well for some days, and finally, after accusing him of having poisoned them, drew a pistol and shot him in the breast. Stocks fell to the ground, and the assassin believing that he had killed him, started to town to report the matter to a friend.

I was summoned to attend Stocks, and on the way met the German, and I never shall forget the spectacle he presented. Mounted on a horse which was urged to its greatest speed, yelling and gesticulating, he reminded me of Don Quixote in his memorable crusade against the windmills. Arriving in town, he was persuaded to go to the sheriff, by whom he was locked up for safe keeping. He expressed no regret for the deed; said that before shooting Stocks, he saw poison on his hands; and that it would be useless to search for his body, as he saw the Devil carry it away. On the following day his brother Ludwig came to town to see, as he expressed it, what was up. When informed, he declared that it was a falsehood, and although he was perfectly aware of his brother's intention before the shooting, to which he may have been a witness, he declared that Stocks had not been shot at all; and that the report and the detention of his brother were due to persecution on the part of the Masonic fraternity.

On the succeeding day the prisoner was brought before a Justice of the Peace, by whom he was permitted to go out on bail. Leaving the court alone, his friends remaining behind to fix up the necessary papers, he removed his coat, made a pillow of it, laid down in the hall, and placing a pistol to his head, blew out his brains.

When his brother Ludwig was summoned to the scene, he kicked the corpse, declared that it was not his brother, and that it was made of wax. He also said that his brother was in hiding, being afraid of their mutual enemy, the Masons. This exhibition of insanity by the surviving brother, caused him to be taken in charge by his friends. His mental derangement, which lasted for some time, was confined to the delusion that Stocks had not been shot by his brother or by any one else; that his brother had not committed suicide; and that the Masons were conspiring against him. I am not informed as to its exact duration, as he was sent to Germany, from which place he subsequently returned, so I am told, mentally sound. As far as known, insanity had never been known in their family, and prior to this circumstance, no evidence of it had ever been noticed in either brother.

This sudden, simultaneous manifestation of insanity, occurring in two brothers, was so novel and startling to me, that I determined to investigate their local surroundings with the hope of finding some cause. On my second visit to Stock's, who, by the way, was shot in the right breast, the ball piercing the pectoral muscles and lodging in an intercostal space, and who speedily recovered, the deserted cabin of the Germans was visited and it and surroundings thoroughly examined.

It consisted of two rooms, separated by a loosely constructed partition, the front one being used as a dormitory and the other as a kitchen. The head of the bed, which was very low, and occupied by both brothers, rested against the partition. In the rear room, on a bench which stood close to the partition, was a fifty-pound can of bisulphide of carbon, which had never been opened, but which had been leaking for some time through a small hole in the bottom and but little of its contents remained. An odor, similar to that of decayed cabbage, pervaded the cabin, and was due to the escaping liquid. The can stood two feet above the pillows of the sleepers, and the vapor of the bisulphide of carbon, heavier than the atmospheric air, would necessarily descend to their faces. Unlike the wide-awake workmen in the factories where it is manufactured, or where used for other purposes, these sleeping German brothers, after a hard day's work, accustomed to an odor somewhat similar to that of the lethal agent, were much more susceptible to its influence. I am thoroughly convinced that the transient mania, here described, was due to the inhalation of the vapor of bisulphide of carbon, and in the interest of science and justice, avail myself of the opportunity to record it.

Close upon the heels of this occurrence, there transpired another incident which strengthens my position very materially. In the year 1883, one year subsequent to the event narrated, one Charles Foster was engaged in the manufacture of bisulphide of carbon in the city of Los Angeles, being associated with a man named Judson. Foster conceived the idea that Judson was preparing to swindle him, and going to his office one day, fired two shots at him from his revolver. At the trial of Foster, who was charged with assault to commit murder, which resulted in his acquittal, the defense was that he was engaged in the manufacture of bisulphide of carbon; and at the time of committing the assault, was laboring under temporary transient mania due to inhalation of the fumes of the agent, to which he was necessarily exposed. These two cases are the only ones known to me where a homicidal or suicidal mania have been developed in those exposed to the fumes, but frequent mention is made of the deleterious effects on those engaged in its manufacture.

The United States Dispensatory says: "According to M. Delpech, workmen exposed to the fumes are affected with headache, vertigo and over-excitement of the nervous system, as evinced by voluble talking, incoherent singing, immoderate laughing, or sometimes by weeping; and a continuance of the exposure is apt to cause, at length, a state of cachexia, characterized by general weakness, loss of sexual appetite, dulness of sight and hearing and impairment of memory."

Brunton says: "When inhaled, it is a rapid, powerful but transient anæsthetic."

Hare says: "The symptoms of poisoning by the agent consist in headache and nervous excitement resembling in many respects the symptoms of belladonna poisoning, particularly in the volubility of the patient and the evidences of hysterical tendencies. Prolonged exposure to the fumes of this drug causes great cachexia and pallor, accompanied by muscular weakness and failure of intellectual power."

The general tenor of statements of other authors is about the same as those quoted, but no reference is made to the development of mania. At one time its use was proposed as an anæsthetic but it was soon abandoned on account of its unpleasant symptoms.

Locally, it has been used with some success in the treatment of neuralgia. Its irritant effects are well known to the horse-jockey, who, when desirous of depreciating the value of a horse exposed to sale, by secretly applying a drop of the liquid to the skin, causes him to rear and kick. It is used in the arts as a solvent for caoutchouc; for cleansing wool; for removing the various oils from oil-seeds, etc.

It has been used extensively in this State for many years for the extermination of ground squirrels, or spermophiles, and gophers. For this purpose, it is not very essential that the agent should be *pure* and it may be that the cases of mania herein described may be due to its quality, as it is manufactured on this Coast, I believe, as a squirrel and gopher poison only. Correspondence with the proprietor of the only factory in California, however, does not elicit any corroboration of its effects as claimed in my cases, but his statement as well as others interested in the vending of their wares, should be received *cum grano salis*.

DISCUSSION.

Dr. H. G. Brainerd, Los Angeles: The paper has been of very great interest, but the first subject is one in which I have had little experience. At the county hospital, two years ago, a cow

died of splenic fever and the post-mortem showed the same condition of the internal organs that Dr. Bard has well described. Something should be done to guard against infection and I think the present meeting an opportune time to take some steps in the matter. Mania from inhalation of carbon bisulphide is new to me. I should like to ask if there was any hereditary taint, how long they had been exposed to this gas, and if anything peculiar in their actions was noted previously. They each had symptoms of persecution, usually not found in acute mania, but in sub-acute. A delusion so systematized as to end in attempt to kill is more frequently found in paranoia. Two persons living together may have the same delusion as in the case I reported of two maiden sisters who co-operated in the attempt to sacrifice the little boy who delivered them their milk.

Dr. Leonard Stocking, San Diego: Dr. Brainerd has covered the thoughts that came to me while the paper was being read. While cases may have arisen from this cause alone, it is not conclusive without more history.

Dr. J. Kurtz, Los Angeles: I have had seven or eight cases of malignant pustule among sheep-herders, lost one patient. I think much of this recent scare about anthrax being present in Los Angeles and San Fernando counties was exaggerated or without foundation. Was sent for to see a case and after having the ranch searched for my patient, I found that my errand boy was the sick (?) man.

Dr. Lula T. Ellis, Los Angeles: With regard to the cases reported near Compton, I can state positively that they were anthrax, having made microscopical examination of specimens sent me.

Dr. D. G. MacGowan: As to San Fernando cases there was anthrax there also. A veterinary surgeon of this city who was consulted made cultures of the bacilli to the eighth attenuation, with which he inoculated the animals which had not already suffered with the disease, thus rendering them immune.

Dr. Bard: I could learn nothing of the history of these Germans or their antecedents. They were well liked by their neighbors and exhibited no peculiarities prior to the attempted assassination. The can of bisulphide of carbon had been purchased a few days previous. I feel confident, from my investigations, supported by the case which occurred in Los Angeles, that the inhalation of the gas was the cause of their insanity.

CALIFORNIA PLANTS IN MEDICINE.*

BY F. D. BULLARD, A.M., M.D.,

Lecturer on Chemistry, College of Medicine, University of Southern California.

It has fallen to the lot of the writer, through the courtesy of our President, to be Chairman of the Committee on *Materia Medica*. It is strange, yet true, that that branch of medicine which has the most to do with alcohol is the driest. For, though the writer has diligently tried to secure supplementary papers from those well qualified, he has failed, and therefore has only his own report to make on California plants in medicine. It is very common to hear that a dozen or fifteen drugs are really all the medicines needed, but it is a well known fact, met in the experience of every one, that some other remedy outside of the particular list often effects a cure when these standard drugs fail. A great objection by many to the remedies derived from the vegetable world is the uncertainty in action and unreliability of the preparations. Both of these difficulties can be removed by patronizing honest and competent houses, and using uniformly one style of preparation—the fluid extracts for example. Through the kindness of Parke, Davis & Co., the writer is able to present pharmaceutical specimens of the drugs he mentions. They are all fluid extracts; on each bottle there is clearly stated strength, mode of preparation, part employed, name, order, and habitat of plant, with properties of the drug, general indications and dosage of the particular preparation. As Parke, Davis & Co. is one of the most reliable houses in America, the quality and efficacy as far as it lies in the material is assured.

There are quite a number of medicinal plants either indigenous to or especially cultivated in California. Five are quite well established as standard remedies—*cascara sagrada*, *eucalyptus*, *berberis aquifolium*, *yerba santa* and *grindelia robusta*. Three others are fairly well known—*damiana*, *rhys toxicodendron* and *eschscholtzia*, while some seven have a local reputation, the more worthy of which, by the universal law of survival of the fittest, will take a more prominent place in *materia medica*, and the others drop into oblivion; they are California laurel, California fever bush, *yerba rheuma*, *yerba buena*, *yerba mansa*, *manzanita* and *ephedra antispyhilitica*.

It would not be possible nor profitable to enter into details in all of these remedies. Yet it comes in the province of this paper

*Read before the Tenth Regular Semi-Annual Meeting of the Southern California Medical Society, Los Angeles, December 7 and 8, 1892.

to give a brief resumé of the five more important plants, and to mention the chief uses and indications of the others.

California has done more than to give excellent climatic conditions; she has furnished the medical world with a remedy in respiratory affections surpassed by no other—the *eridictyon glutinosum*, said by its friends to be the greatest single remedy ever created for such troubles, admitted by all to be one of the best direct restorative agents. In what esteem it was held by those who have known it longest can be judged from its Spanish name *yerba santa*, holy herb. It combines astringent, demulcent, tonic, sedative, and balsamic properties. Hence it is indicated and widely used in laryngeal and bronchial diseases, in pneumonia and asthma, in phthisis, and in coughs and colds generally. The writer, after a prolonged testing in quite a large clinic, has almost always used the sirup of *yerba santa* in respiratory affections. It not only makes a very agreeable base but has excellent expectorant qualities in itself. From the fluid extract the sirup can be made by the addition of a little alkali and simple sirup. A failure to do this will cause the resin to be precipitated. The author first became acquainted with the practical working of this drug in '86 in the Los Angeles County Hospital and found it as good as any of the balsamic preparations. It is well borne by the stomach and usually increases the appetite. It is especially valuable in chronic bronchitis. It is eliminated by the mucous membrane of the respiratory and urinary tracts. For the latter reason it is employed by some in gonorrhea, gleet, cystitis and chronic Bright's disease. The writer has had but little experience with *yerba santa* in such diseases, but in the few cases in which he used it as a vehicle he noticed that the mixtures were better tolerated by the stomach than before. With equal parts of kava-kava it forms a good prescription for gonorrhea. *Yerba santa* gives us an excellent adjuvant to many medicines. It has been employed quite successfully to disguise the taste of quinine, one teaspoonful of the aromatic sirup covering up five grains of the alkaloid, there being but a slight bitter taste left.

There is another plant quite similar to the action of *yerba santa*, which though not a native to our soil, is largely cultivated in this region—*eucalyptus*. The therapeutical range and promptness of action of this drug demands an important place in our pharmacopeia. Formerly it has not received the use its value entitles it to, but it is now being brought more and more into prominence, being, the druggists say, quite a favorite with the physicians. Like balsams and essences *eucalyptus* impregnates mucous membranes in particular, and hence is indicated in all

inflammatory conditions of the urinary and respiratory passages. And as it is at the same time antiseptic, it has a great demand in purulent and catarrhal conditions of the bronchial tubes, bladder and urethra, or whenever the breath is foul, and in bleeding gums, ulcers, etc. Its antiseptic powers are so well known that it has been employed in cutaneous affections attended with offensive discharges. It is stimulant and antispasmodic as well as antiseptic.

It has been known for years that a malarious district often became healthful after the planting in it of eucalyptus trees. From this fact it was suggested that it might be a good remedy for ague. Experience has proved it is a valuable agent in such cases, and that whereas it cannot cope with quinine as a remedy in acute attacks, it is an equal and at times a superior in chronic cases. Eucalyptus has the advantage of being, as a rule, better borne by the stomach, and may be given with success in chronic intermittents when quinine and arsenic both fail. The writer has had no practical experience with eucalyptus used for this purpose, yet from all literature he has read he would ascribe to it an honorable position as an auxiliary remedy in miasmatic fevers. Especially when there is cachexia and debility is this drug called for, and its value then will be greatly enhanced if it is given in conjunction with berberis aquifolium.

It is, however, in bronchial affections that eucalyptus has rendered its signal service; in purulent bronchitis and phthisis it has an ameliorating effect. In asthma, on account of its antispasmodic properties, it often produces happy results. The inhalation as a spray has been advocated in throat troubles. It is of some value in atonic dyspepsia, but in inflammatory conditions of the stomach eucalyptus should never be given. Locally it is used to quite an extent both as a liniment and as an antiseptic wash. As a disinfecting and stimulant lotion, one to eighty makes a very good proportion. For offensive discharges it is a very efficient deodorizer. It will remove the odor better than anything the writer has ever tried. When employed as a liniment it should be mixed with at least one-third of olive oil, in order to prevent undue irritation of the skin.

From its action as an antispasmodic it has been recommended in whooping cough. In headaches and neuralgias of malarial origin it gives good results. On account of its antipyretic and antiseptic properties it has met with favor in typhoid fever; theoretically it should, as any other drug in this latter malady, whether that is much or little depends on the point of view. At any rate certain Australian authorities who ought to know the most about this remedy praise its action highly in enteric fever.

There remains one use which the writer, of all men, must not omit to mention. A Californian physician claims that the juice from eucalyptus leaves has induced the hair to grow on his bald head. He was in the habit of pounding to pulp the leaves, which he applied to his head for the cure of headache, and was surprised to find a new and abundant crop of hair spring up. If future investigations support this statement we suggest that eucalyptus rank with "cat and cream" as a mustache developer.

There is yet one other well known remedy for respiratory troubles which California has given in addition to her glorious climate, and that is *grindelia robusta*. The longer the list of drugs good for a disease, the more uncertain is the action of any. Hardly a malady has a greater number of so-called cures and fewer instances of permanent recoveries than asthma. In spite of this, *grindelia robusta* has an enviable reputation in the spasmodic form. When there is also a considerable irritation of the bronchial mucous membrane the addition of yerba santa greatly increases its efficacy. Everyone knows now that a case of asthma which had proved intractable to a score of remedies, may yield to the twenty-first drug. So if *grindelia robusta* has not been used in a case it certainly ought to be given a fair trial before the condition is pronounced incurable. It is not a specific as some of its advocates claim, but it is as potent and certain a remedy as any other for asthma. *Grindelia* has also been used in bronchitis, hay fever, pneumonia, pertussis and coughs generally.

Locally, *grindelia* has been employed as a lotion in all skin diseases accompanied with itching and burning sensations. Potter regards it as the best topical application known for rhus poisoning. The author has used it on several occasions in oak poisoning, by making a twenty-five-per-cent lotion, and applying it by pieces of cotton freely and frequently to the affected surfaces. Sometimes this procedure gave almost an instant relief; and from his experience the writer would be led to try this remedy in such cases before all others.

The one great California remedy which outranks all others is *ramnus purshiana*. Here again the Spanish name, *cascara sagrada*, sacred bark, reveals in what repute it was held by the early settlers. Parke, Davis & Co. alone put up twenty-one preparations and combinations of this drug, the fluid extract and elixir being the best known. The latter preparation contains another California remedy, *berberis*, besides licorice and aromatics, and is a very pleasant and efficacious mixture for constipation.

The secret of the success of *cascara* in constipation lies in its specific action on the muscular coat of the intestines, acting as a

tonic in increasing the peristaltic action, restoring the natural vermicular motion, radically and permanently relieving chronic constipation by removing its cause. In short, it is a tonic laxative. To obtain these results small doses frequently repeated are required, for cascara attains its end by its stimulating and not by cathartic properties. On this account, it is customary to clear out the bowels by some active purgative before commencing a course of cascara. After taking cascara there is no griping, as a rule, and what is still better, no unpleasant nor untoward after-effects, and no tendency to create a secondary and still more obstinate constipation. As we are wont to employ quinine for malaria, morphine for pain, so we can now add cascara for chronic constipation, as near a specific as there is in medicine. A pill of aloin, strychnine, belladonna and half a grain of cascara has given the writer eminent satisfaction in cases of habitual long-standing constipation.

One other plant of the five prominent ones remains, *berberis aquifolium*. We have already seen how it can be advantageously administered with cascara and eucalyptus. It is a powerful alterative tonic, increasing waste and repair, stimulating digestion and assimilation and exciting absorption. It is used in syphilis, scrofula and various cutaneous affections, eczema and psoriasis, acne, etc. In syphilis *berberis* acts as a tonic alterative and can be given with iodide of potassium. Especially in those cases which show marked cachexia will the combination be serviceable; it has been recommended in phthisis, nephritis and cancer as a tonic; and in conjunction with *viburnum prunifolium* in uterine troubles. Its chief use combined with cascara in dyspeptic constipation has already been noticed.

Perhaps the next best known California drug is *damiana*, noted as a sexual tonic. It forms the base of a proprietary medicine which is extensively employed by the worn out debauchees to bring back their former powers. It is prescribed in functional impotency, sexual weakness and spermatorrhea.

Besides the two remedies already mentioned, *yerba santa* and *eucalyptus*, California grows three other plants which are employed to combat the two most common and unnecessary diseases, gonorrhea and syphilis; viz., *manzanita*, *yerba rhuma* and *ephedra antisiphilitica*. This latter in some sections has a great reputation among those who having worshiped too long at the shrine of Venus are compelled to pay penance at the court of Mercury. *Manzanita* and *ephedra* are used internally, and the third, *yerba rhuma*, seems to have some value as an injection in all catarrhal conditions, but the literature is as yet too meagre to furnish data

of real worth. Yet cascara and yerba santa were household remedies only among the Mexicans until American enterprise gave them a world-wide reputation. It may be that some of these other plants have virtues which the medical public have not yet recognized.

Rhus toxicodendron has been put forward of late as a cure for rheumatism and various cutaneous disorders. It is said to have a special determination toward fibrous tissues, causing rheumatic pains if given in large doses; and on the theory that two such bad things as rheumatism and poison oak cannot get along amicably together in the same place, it was hoped that *rhus* would get the best of rheumatism. But as the poisonous effects of this drug last about fifteen days the writer would about as leave take his chances with rheumatism.

Eschscholtzia, California poppy, is an analgesic, and is moreover harmless, and can be given with advantage to children. It has no deleterious effects on the stomach, does not produce constipation, and is a safe remedy. It deserves a higher place than it has yet received.

California laurel is recommended in neuralgia and cerebrospinal meningitis. The remaining three medicinal plants, yerba buena, yerba mansa and California fever bush, are tonics; the first an aromatic stimulant and anthelmintic, the two latter bitter tonics and are used in malarious diseases.

The writer has mentioned all these plants because they are the products of our soil, and because the doctor is likely to be questioned about them by the older residents, and as the most of us are from the East and hence unacquainted with California flora, the present paper seems to be the proper place to discuss them, notwithstanding the fact that man has improved on God's idea in the German laboratories, still it may not be an utter waste of time to hear what nature has accomplished.

533 S. Broadway.

DISCUSSION.

Dr. F. A. Seymour, Los Angeles: I tried years ago four of the principal drugs mentioned, while in the East. I have found eucalyptus inert in malaria. With cascara I have had good results the first three weeks, but think the remedy cannot be relied upon as a remedy in constipation because it soon loses its influence. I have read of instances where it produced excellent results in rheumatism. I have used *grindelia robusta* extensively many times with success in asthma, and more times with no effect. I have employed *berberis* as a tonic, but am not certain whether it had any more bearing on the outcome than

what time alone would accomplish. Damiana has proven unsatisfactory. Yerba santa I have used in combination with grindelia, especially in bronchial asthma. Rhus toxicodendron I regard as a very unsafe and unreliable remedy. As to the other drugs mentioned I have had no experience.

Dr. Price, Colton: I have had about the same experience as Dr. Seymour. In regard to cascara I have abandoned it for more potent remedies. I think eucalyptus may be of value in respiratory affections—but its odor and taste are against it.

Dr. J. H. Bullard, Anaheim: I have used grindelia in asthma and bronchitis with success. The Spanish say it will always cure bronchitis. I have seen excellent results arise from the use of eucalyptus in lumbago—the patient drinking a tea made from boiling young eucalyptus shoots. As to cascara several of my patients complain of griping pains following its administration. There is another plant not mentioned by the writer which has been used by the Spanish in my section for years—California gentian. I have watched its effects in many cases and it is an admirable drug to give in low types of typhoid fever.

Dr. Wills, Los Angeles: One might suppose, to read the journals, cascara to be a specific for constipation; in my hands it has been unsatisfactory. I think it a most overrated drug.

Dr. Babcock, Los Angeles: I wish to speak a good word for yerba mansa as a bitter tonic. I regard it also as a most excellent local remedy—a thick infusion injected into the rectum has very soothing effects in hemorrhoids.

Dr. Stoddard, Los Angeles: I have seen yerba mansa used with marked success in a bad case of cancrum oris. I think it one of the best local astringent and stimulant applications we have.

RAILWAY SURGERY AT THE PAN-AMERICAN MEDICAL CONGRESS.

A Section of Railway Surgery of the Pan-American Medical Congress has been organized with Dr. C. W. P. Brock, of Richmond, Virginia, as Executive President. A full list of officers has been provided for each of the constituent countries. At the eleventh annual meeting of the Wabash Railway Surgical Association—the first organization of the kind—Dr. C. B. Stemen, of Fort Wayne, was by unanimous resolution requested to prepare a paper on “Organized Railway Surgery”, and read the same before the Section on Railway Surgery of the Pan-American Medical Congress. At the same meeting Dr. Hal. C. Wyman, of Detroit, offered the following, which was unanimously adopted:

Resolved, that each member of this Association solicit his Congressman to interest himself in legislation in favor of the Pan-American Medical Congress.

Southern California Practitioner.

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Editor and Publisher Southern California Practitioner,

107 North Spring street, Los Angeles.

Communications are invited from physicians everywhere; especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

Editorial.

THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

The semi-annual meeting of the Southern California Medical Society, recently held in Los Angeles, was remarkable alike for the high order of the numerous papers read, and for the ability with which they were discussed.

With a perceptible absence of self-assertion generally, one could not fail to note a strong individuality in the participants. A study of expression of face and brain leaves the impression that into this cosmopolitan western Italy there have come the best of the good. The men and women composing the assembly were essentially typical of the highest demands made by the science and art they represent.

With a conscientious recognition of every genuine advance in modern medicine and surgery, there was manifest an independence of thought, and a careful conservatism which rendered their deliberations worthy of careful consideration.

Familiarity with the personnel of the profession in this section leads to the regret that there is not a more general identification

with this society. The most progressive are free to admit that vastly more remains to be learned than has already been acquired. Unselfish philanthropy demands a contribution, however small, from all of its votaries. It is to be hoped that loyalty to our guild as well as loyalty to the home of their adoption will lead the few who have held aloof from the society to honor themselves by uniting with it at its next session.

As it was not voted to publish the transactions, it will be our pleasure from time to time to give to our readers such of the papers as may be confided to our care. Attention is called to the report of the proceedings elsewhere in this number.

A NEW PROFESSORSHIP IN JEFFERSON MEDICAL COLLEGE.

At a meeting of the Board of Trustees held on Wednesday, November 30, 1892, Dr. G. E. de Schweinitz was, on the unanimous recommendation of the Faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College. At the time of election Dr. de Schweinitz was Professor of Ophthalmology in the Philadelphia Polyclinic and Lecturer on Medical Ophthalmoscopy in the University of Pennsylvania.

EDITORIAL NOTES.

DR. J. E. and Mrs. Cowles entertained the members of the Southern California Medical Society and their wives at a most delightful reception at their residence and sanitarium, corner of Pico and Hope streets, on Thursday evening, December 8, from 7 till 11 P.M.

ERRATA.—We desire to call attention to two unpleasant errors which recently occurred in the letters of our European correspondent, Dr. S. A. Knopf. In August number, on page 325 line 34, sight should be *site*; on page 362, last line, miserable should read *unreliable*.

MEDICAL students desiring any of the standard medical works published by D. Appleton & Co., may obtain them by giving their orders to W. H. Lyon (Appleton's distributing agent for Los Angeles and Pasadena), 750 S. Olive street, Los Angeles. Physicians in California wishing any of Appleton's subscription works must order them through Ernest Hardt, post-office box 2227, San Francisco.

DR. CARL KURTZ, son of Dr. Joseph Kurtz, who spent two years at the College of Medicine of the University of Southern California, graduated at Bellevue, spent a year as assistant to Winkel in Munich, a year and a half as assistant to Sonnenberg in Berlin, and several months in other German and Austrian hospitals, has returned to Los Angeles to practice his profession with his father.

THE graduating exercises of the Medical Department of the University of California took place Thursday, December 15. Prof. Washington Dodge, M.D., delivered the address for the faculty; Prof. Martin Kellogg, A.M., acting President of the University, conferred the degrees upon, while Prof. R. Beverly Cole, M.D., administered the Hippocratic oath to the following: Edward von Adelung, Jr., B.S., Oakland, Cal.; Guido Enrico Caglieri, B.S., San Francisco, Cal.; Emma E. Crook, Paia Maui, H. I.; S. J. Fraser, A.B., Avondale, Canada; Ernest Kinloch Johnstone, England; Frederick William Lowe, Knight's Ferry, Cal.; James Francis McCone, B.S., Virginia, Nev.; John Archibald Nelson, Sacramento, Cal.; George Weston Ogden, Sacramento, Cal.; William T. Rathbun, Williams, Cal.; Franklin Hardin Sanborn, San Francisco, Cal.; Lillie Bussenius Schram, St. Helena, Cal.; Robert L. Sutherland, M.D., San Francisco, Cal.; Wallace Irving Terry, B.S., Sacramento, Cal.

CORRESPONDENCE.

SOME MEDICAL NEWS FROM BERLIN.

Berlin as a great medical center is known to all American physicians, and countless are the numbers who, from all parts of the world, pilgrim annually to this Mecca of Science. The United States, and among them California, are always well represented.

My regular work in Paris allowed me only the short space of a little more than four weeks to make myself acquainted with medical Berlin, yet I am well satisfied with what I have seen and heard here. I only wish I had the time, and you the space, to give detailed reports of the many interesting lectures in the various hospitals, pathological and hygienic institutes, or an account of the papers read before the different medical societies,* above all, of those read in the "Berliner medizinische Gesellschaft", which meets weekly in the beautiful "Langenbeck house", presided over by Professor von Bergmann. The large, spacious building, with its halls, library, reception-rooms, etc., was erected to the memory of the immortal surgeon Langenbeck, and solely by the contributions of his pupils and admirers among the profession all over the world.

But long reports are tedious, and the space in the *PRACTITIONER* valuable, so I must be brief.

Yesterday evening I went to the meeting of the last named

*The number of medical societies as reported in the "Anzeiger für ärztliche Vereine" is no less than twenty-four.

society. It was a pleasing sight to see the profession so well represented, from Virchow, now rector of the Royal University, down to the modest practitioner of the suburbs of Berlin. Dr. Alexander read a paper on the treatment of phthisis pulmonalis by subcutaneous injections of oleum camphoratum. He claimed very good results, and ascribes this to the indirect influence of the camphor increasing the appetite of the patient.

The second paper was by Dr. Gottschalk, on a case of deciduoma malignum. According to his statement this case was the first of the eleven reported ones which had been cured by operative means (extirpation of uterus).

Of the surgical cases of greater interest which I saw operated upon, I will mention the following:

At the clinic of Professor von Bardeleben in the Charité: Gritti's operation for sarcoma of lower leg. He made skin and muscular incisions on the same principle that they are made for amputation of the foot in Pirogoff's operation. He sawed through the femur a little above its condyles, and then sawed off the cartilaginous covering of the patella. He finally united the rough surfaces, and brought them in close contact by appropriate dressing and bandaging. (Hahn uses, in this operation, ivory or steel tacks to assure the union of femur and patella, which otherwise is not always satisfactorily obtained.)

A case of arthritis deformans of left knee-joint due to a traumatic cause, he treated simply by aspirating the accumulated fluid and then thoroughly washing the articular cavity with a two per-cent solution of carbolic acid. The dressing was arranged to produce a uniformly strong pressure without compressing the larger blood vessels of the popliteal region.

At the clinic of Professor von Bergmann: Case I, echinococcus in the form of an enormous hydatid cyst of the liver, the patient a man of forty. In treating these affections Professor von Bergmann follows the rules laid down by the late Volkmann of Halle, that is to say, where there are no adhesions between the external membrane covering the tumor and the abdominal peritoneum he makes two operations at an interval of ten days. The first is with a view to obtain a union between the peritoneal surfaces, so as to protect the peritoneal cavity from any fluid which may escape from the cyst, and the second to evacuate and extirpate the cyst or cysts. In the case presented there were sufficient adhesions to dispense with the preliminary operation. It was a single large cyst containing the characteristic yellow colored fluid free from albumen.

Case II was a genu valgum ("Baekerbein") in a young man of

twenty, a baker by trade. In most such cases, as in the present one, Professor von Bergmann contents himself with an osteotomy of the femur. He pays great attention to the fixation of the operated leg during the application of the plaster-of-Paris bandage, and insists that the outward rotation of the femur should never be overlooked. He cited a case where the operation resulted in a failure through the negligence of the assistant who was intrusted with the fixation of the leg during the process of bandaging. Regarding the etiology and pathology he thinks that all cases of genu valgum in adults are the result of a retarded rachitic condition, for microscopically as well as macroscopically these cases of "retarded rachitic genu valgum", as he wishes to have them called, present identically the same osteological changes as found in early rachitis. He believes that the genu valgum of early rachitis will get well by itself, but that the retarded form always demands orthopædic interference.

At the new and beautifully constructed Urban Krankenhaus I was permitted, through the kindness of Dr. Kœrte, to see him operate on a case of intestinal occlusion lasting six days. The patient was a laborer fifty-four years old, and very much emaciated and weak. He was anesthetized first with chloroform, followed by ether. (This is the first time I have seen an ether-anesthesia since in Europe.) Dr. Kœrte made an incision of about twelve centimeters along the linea alba for the purpose of exploring the abdominal cavity. The result of the following examination was rather negative. The operator thought he felt a tumor in the posterior median region, but owing to the weakness of the patient further exploration was out of the question, and it was necessary to proceed to a colotomy. An incision of about the length of the other was now made in the right iliac region, and the largely distended ascending colon presented itself. The peritoneal cavity was then carefully sutured to prevent the entrance of foreign substance. An exploring needle revealed the fecal contents of the distended intestine. Through the aid of the trochar thrust into the protruding colon three pus basins full of feces were evacuated. The operation for artificial anus was then completed. The patient felt greatly relieved on awakening.

At Professor Olshausen's Frauen Clinic I saw a most interesting case, a rachitic dwarf. This was a woman twenty-three years of age, a trifle over three feet in height, in the eighth month of pregnancy, with a living and, according to all appearances, normal sized child. The pelvimeter revealed a typical dwarf pelvis, much too small in all its diameters, so that Professor Olshausen declared that a Cæsarian section was inevitable, and he thinks

that at full time is the best moment for operating in such cases. Of twelve cases operated upon according to this rule, he had to report but one with fatal issue.

Professor Leyden presented the other day, at his clinic in the Charité, several cases of diabetes.

The first case was one previously diagnosed by Professor Hirschberg, the oculist, to whom the patient had been because of failing eyesight. With the visual derangement an aphasic condition soon associated itself. Through proper diet the sugar percentage was reduced from four to three-fourths per cent, and the general condition improved. (The patient had, however, nothing but flour soup for four days.) Professor Leyden thinks that light cases should not be put on too rigid a regimen, as the depressing psychical influence produced thereby does too much harm. In his opinion the severest cases are the pancreatic variety, i.e., where the diabetic condition takes origin in the pancreas. It is in such cases that one sees most frequently the so-called diabetic coma, due to the acidity of the blood. In regard to the treatment he says there is no specific; with Carlsbad water and proper diet perhaps the most satisfactory results are obtained. He has decided to give the new *Oleum Myrtelle* a fair trial. It has been recommended by its discoverer, Jasper, as producing marvelously good results in diabetes. He did not wish to express an opinion on the therapeutic value of Brown-Sequard's experiments in giving the extract of pancreas, taken from animals, for diabetes. Professor Leyden's personal researches as to whether the origin of a diabetic condition is to be sought in the medulla oblongata, have not led him to any definite conclusion in the matter.

At the clinic of nervous and mental diseases, also held in the Charité Krankenhaus, Professor Jolly showed, among many other interesting cases, a most remarkable one of post-epileptic stupor. The patient was a laborer, forty-five years of age, and presented the following peculiar symptoms. Ten days before, he fell while in an epileptic attack, and since in the hospital, where he had been brought immediately, he had not spoken a word, nor given any sign of understanding the questions addressed to him. If an arm or leg was raised it remained in this position until muscular fatigue caused it to drop. On being pushed he would move to walk a few steps, and then stop. The patella reflex was perfect, and the cutaneous sensibility retained. When food was set before him he would reach for it, and when spoken to in a very loud voice he would wink; but these were the only remaining signs of intelligence, if such they may be called. The unusually long duration of this post-epileptic stupor made the prognosis exceed-

ingly grave. Trauma capitis had been recorded as the primary cause of the epileptic condition. The treatment in this case was, of course, expectant.

At Professor Henoch's clinic there is a splendid opportunity to study children's diseases. I went there frequently and thought myself well repaid for having sacrificed my usual lunch hour. I will give only a few of the numerous cases I saw there, and some of Professor Henoch's ideas on pathology and therapeutics.

A case of hydrocephalus, a boy three years and a half of age, and of fair intelligence. The head, which was normal at birth, had now a circumference of seventy centimeters, and in spite of its enormous weight was held erect. The enlargement began with the third month of life, and the right temporal region always appeared more prominent. The boy had been punctured twenty-two times, and the quantity of fluid withdrawn varied from fifty to one hundred and fifty cubic centigrams. After the last puncture the cranial circumference was reduced to sixty-four, but had again come up to seventy centimeters. Professor Henoch thought further puncturing useless, especially as ossification of the cranial sutures had set in. He was inclined to think that the temporal prominence, and the history in general indicated an intra-cranial tumor, perhaps specific, so he ordered iodide of potassium in large doses.

A case of poliomyelitis anterior, in other words infantile paralysis. The peculiarity of this case was that the patient was not an infant, but a boy of ten years, who up to last year had been perfectly strong and healthy. The first symptom, ten months ago, was a sudden emesis, followed by paralysis of the right leg. At present there is a marked atrophy extending up to the gluteal muscles, and the skin has a cyanotic appearance. The cutaneous sensibility is retained, but the knee reflex is gone. The sphincter ani and the vesical sphincter are, however, intact. Professor Henoch thinks that this affection is caused by a hemorrhagic process ending with the entire destruction of the respective ganglions. Regarding the prognosis he does not share the opinion of Volkmann, that all such cases are hopeless. If of short duration and timely and judiciously treated by electricity, pretty satisfactory results may be obtained.

On presenting some little typhoid fever patients, the Professor remarked that the nervous manifestations common in adults are mostly absent in children. The same may be said of intestinal hemorrhages, for in children Peyer's patches are rarely attacked. Regarding the treatment, he is opposed to Brandt's method and cold baths in general. He gives lukewarm baths (never lower

than 25° C.). In severe cases with delirium he orders a cold compress on the head. As diet he recommends "bouillon", milk, glutinous soups and good wine. The little typhoid fever patients in the hospital wards do not get any medicine at all.

Professor Henoch has expressed his general ideas on diphtheritis in his book, so I will only mention a few of his remarks from a recent lecture on the subject.

There is no longer a doubt that in all true cases of diphtheria the bacillus of Loeffler is to be found in the membranous formations, but it never enters the deeper structures. There, it is the virus of the bacilli, the so-called toxine, which produces the organic destruction. Anatomically speaking Professor Henoch admits a division of croup and the necrosis commonly called diphtheria. Pathologically and therapeutically there is none. One may find the croupous and necrotic conditions side by side. In speaking of the treatment this great pediatricist told his hearers that there was no specific, and that best of all is yet a judicious symptomatic treatment. Doctor Behring's method of anti-diphtheritic vaccination by means of sterilized ram blood has been tried by Professor Henoch in five cases, of which three recovered. The lecturer said this treatment may have a future, but the results thus far obtained do not warrant its continuation as a safe method. His favorite local antiseptic, used in the diphtheria pavilions at the "Charité", is acetic acid (two per cent for gargle and nasal injections, and ten per cent for painting the throat). In applying any local measures he cautioned his students to avoid exciting the little patients, for any extreme agitation may bring about a sudden heart failure. As tonic he recommended good Spanish wine, quinine infusions, and, above all, camphor in threatening heart failure.

Some of the most interesting hours I passed among Berlin's medical institutions were those spent in the Pathological Institute where I listened to the venerable Professor Rudolph Virchow. I can only speak of a few of the numerous interesting pathological specimens presented there every morning, coming from the autopsies of the previous day from all over Berlin. For every pathologist considers it his duty, whenever he comes across an interesting case, to send the respective specimen to this honored and distinguished teacher. One morning Professor Virchow showed a kidney from a case of hydronephrosis and demonstrated that here it was the cortical substance which was compressed, and the accumulated fluid was found in the interior of the organ, and in free communication with the ureter. The second specimen shown was, on the other hand, a typical case of hydronephrosis.

cysticus. Here the injected cysts were visible throughout the kidney substance, and especially perceptible on the external cortical surface. The accumulated fluid, which was in this case in no way in communication with the ureter, consisted of a serum-like liquid containing a fair quantity of albumen. The fluid in the first case (hydronephrosis), on the contrary, was composed of urine. Professor Virchow stated that both varieties may develop into hydro-nephrosis purulenta.

He then presented several specimens coming from cases of various forms of chronic nephritis, and demonstrated that it was wrong to speak of one Bright's disease, while there are really several "Bright's diseases".

Regarding phthisis, he demonstrated also that there may be a syphilitic phthisis without any tuberculosis, and that the syphilitic gumma are only too often mistaken for tuberculous substances. He admits, however, that syphilitic and tuberculous phthisis may be found in one individual.

Finally, an enormously enlarged heart was shown. The right cavity was traversed by numerous abnormal muscular fibers arising from the right ventricle, which were doubtlessly the cause of the hypertrophying process.

As a dutiful correspondent I ought yet to speak of the great controversy going on between Professor Koch of Berlin and Professor Pettenkofer of Munich, regarding the true etiological factor of cholera Asiatica. Professor Pettenkofer has swallowed the comma bacilli by the thousand (à la Stanhope) and claims that other factors are necessary to produce a cholera epidemic than the little creatures alone.

But I will write of this, if possible, more fully some other time, and will close today with a Happy New Year for the PRACTITIONER and its readers.

Yours very truly,

S. A. KNOPP, M.D.

Berlin, November 17, 1892.

CHLORALAMID.—Dr. E. Mansel Sympton (*Practitioner*, vol. xlvii, p. 274) presents the results of his experience. While praising paraldehyde, he believes sulfonal and chloralamid to be more convenient and agreeable to the patient. He recommends Chloralamid for the insomnia and delirium of acute fevers, delirium tremens, nervous insomnia (dose 30 to 40 grains). Sulfonal is more powerful in mental disease, but chloralamid is better than paraldehyde in lung disease. It does not produce a necessity for larger doses, but a habit to go to sleep without it.—*Amer. Journal of the Medical Sciences.*

BOOK REVIEWS.

THE DISEASES OF THE STOMACH. By DR. C. A. EWALD, Extraordinary Professor of Medicine at the University of Berlin, Director of the Augusta Hospital, etc. Authorized translation from the Second German Edition with Special Additions by the Author. By Morris Manges, A. M., M.D. Attending physician to outdoor Department, Mount Sinai Hospital, New York city, etc., with thirty illustrations. New York, D. Appleton & Company, 1-5 Bond street, 1892. Price \$5.00.

This work is translated from the Second German Edition, but inasmuch as the author himself revised the manuscripts and made many additions, it is practically a third edition and has the latest knowledge on the subject.

The first chapter describes the methods of examining the stomach, determination of the acidity, kinds of acids and quantity of acids in the stomach. Chapter two is a continuation of the methods of examining the stomach, with determination of the digestion of albumen and starch absorption, and the technique of the treatment of the diseases of the stomach. In chapters three and four, stenoses and strictures of the orifices of the stomach are considered. Cancer of the stomach occupies fifty-five of the four hundred and eighty pages of the book, ulcers and inflammation, one hundred and forty-five, while the neuroses take up one hundred pages. The last chapter is devoted to a discourse on the correlation of the diseases of the stomach to those of other organs.

The investigation of the diseases of the stomach from a chemical standpoint is of comparatively recent years, and we have not as yet got to the bottom of these investigations. The author says that our present knowledge may be summed up in the following propositions: "There are two great groups of results in the chemical examination of the gastric juice, which differ from the normal: 1. The untimely occurrence of organic acids. 2. The changes in the gastric juice itself and the absorption and mobility of the organ."

The book is "gotten up" in the publishers' best style, the illustrations, though few in number, are excellent; altogether the book is a valuable addition to our literature.

THE PHYSICIAN'S VISITING LIST. -(Lindsay & Blakiston's.)

For 1893. Forty-second year of its publication. Philadelphia: P. Blakiston, Son & Company, 1012 Walnut St. Price: regular edition, 25 to 100 patients per day or week, \$1.00 to \$3.00.

This list has enjoyed an enviable reputation for years, which the publishers do not intend that it shall lose. Inasmuch as the new U. S. Pharmacopeia will adopt the Metric System of weights and measures, this list has a very complete table of the doses of drugs in both English and Metric Systems.

THE DECEMBER COSMOPOLITAN. In view of the fact that Sir Edwin Arnold will very likely be the next poet-laureate, one turns with interest to his most entertaining article in the December *Cosmopolitan* on a "Japanese Watering Place." The same number contains seven portraits of Tennyson and interesting views of his late home and surroundings. Thos. Gorman has penetrated the mysteries of the silent trappists' monastery with a profane kodak; Murat Halstead discusses "Varieties of American Journalism"; Hermann throws "Light on the Black Art." A curious bit is found in the contrast of the double frontispieces which adorn the magazine—on one side the marvelous painting of "The Conquerors," by Fritel, which attracted so much attention at the last Paris salon, and on the other "The Conquered," by Anton Dietrich; in the one the heroes of war moving down the vista of the centuries in magnificent array between ghastly lines of naked corpses, the other the unfortunate of all times and lands flocking beneath the gentle hand of the loving Christ. The *Cosmopolitan* will mark its first edition of 150,000 copies—that for January—by the offer of 1000 free scholarships. In return for introducing the *Cosmopolitan* into certain neighborhoods the *Cosmopolitan* offers to any young man or woman free tuition, board, lodging and laundry at Yale, Vassar, Harvard, or any of the leading colleges, schools of art, music, medicine, or science. They send out a pamphlet on application telling how to obtain one of these free scholarships.

THE COLUMBIA DAILY CALENDAR remains the only valuable daily pad calendar. The calendar for '93 is of the same general design as that of previous years, consisting of 366 leaves, one for every day in the year, and a calendar for the entire year. The day of the week, of the month, and of the year are given, and on each leaf is a short sermon on the "Gospel of Outdoors, Health, and Happiness," with valuable hints on practical road-making. The leaves are so arranged that there will be no stub left, and each one can be referred to at any time during the year. The pad is upon a metallic stand of ivory black, arranged so as to rest upon the desk at a convenient angle. The pad matter, which in the aggregate is enough to make a book, is all fresh and new, and is of more pertinent value than that of any previous calendar. The calendar is issued by the Pope Mfg. Co., of Boston, New York, and Chicago.

THE CALIFORNIAN ILLUSTRATED MAGAZINE, Christmas Number, is a most interesting number, especially for Californians and those who are interested in California. California Wild Flowers, by

Bertha F. Herrick; *Some Heads of Napoleon*, by Dr. P. C. Remondino; *An Isle of Summer*, Santa Catalina, by Charles Frederick Holder; *Early California Millionaires*, by George Hamlin Fitch; *Methodism in California*, by Rev. A. C. Hirst, D.D.; *Cross-country Reminiscences*, by Hon. L. J. Rose; *At Shelley's Grave*, and *A Passionate Pilgrimage*, by Grace Ellery Channing; *An Ideal California Colony*, by John Parsons Redpath; *The Yosemite in Winter*, by James Carson; *Christmas in San Luis Rey*, by Augusta Wey.

ORIGINAL COMMUNICATIONS IN DECEMBER THERAPEUTIC GAZETTE.
The Surgical Treatment of Appendicitis, by W. E. Ashton, M.D.;
The Medical Treatment of Appendicitis, by James Graham, M.D.;
The Use of Cold Applications in Disease, by B. O. Kinnear, M.D.;
The Treatment of Dysentery in Nicaragua, by Judson Daland, M.D.;
The Shurly-Gibbes Treatment of Phthisis, by H. Longstreet Taylor, M.D.;
The Treatment of Pneumonia, by A. J. A. Kelly, M.D.

PAMPHLETS RECEIVED.

HARVARD UNIVERSITY MEDICAL SCHOOL. Special announcement. Four-Years' Course. DR. H. P. BOWDITCH, Dean, Boylston Street, Boston, Mass.

PREVENTIVE DISEASE SERIES. The dangers arising from public funerals of those who have died from contagious and infectious diseases. Addressed to the Clerical Profession, Circular No. 2. The dangers arising from taking off the hat out of doors during funeral services. Addressed to the Clerical Profession and Officers of Secret, Fraternal, and Beneficiary Societies of California, Circular No. 3. J. R. LAINE, M.D., Secretary State Board of Health.

SOME REMARKS ON PULMONARY TUBERCULOSIS. With especial reference to our most recent knowledge on the subject. By LOUIS F. CRIADO, M.D., member of the Medical Society of the City and County of New York; the Medical Society of the County of Kings, etc. Reprinted from *The Brooklyn Medical Journal*, June, 1892.

THE EFFECT OF FLUIDS ON THE STRENGTH OF CATGUT. By D. BRADEN KYLE, M.D., Assistant Demonstrator in Pathology, Jefferson Medical College. Reprinted from *The Therapeutic Gazette*, May 16, 1892.

UNIVERSITY OF CALIFORNIA, AGRICULTURAL EXPERIMENT STATION, Berkeley, Cal. Investigation of California Prunes, Apricots and Peaches.

A NATIONAL SYSTEM OF SANATORIA: A PLEA AND A PROPHECY. By SAMUEL S. WALLIAN, A.M., M.D., of New York. From *The Medical News*, June 4, 1892.

ANNUAL REPORT TO THE BOARD OF HEALTH of the City of Los Angeles by the Health Officer, for the fiscal year ending November 30, 1891.

THE TREATMENT OF TUBERCULOSIS OF BONES AND JOINTS BY PARENCHYMATOUS AND INTRA-ARTICULAR INJECTIONS. By NICHOLAS SENN, M.D., Ph.D., of Chicago, Ill., Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief, St. Joseph's Hospital. Reprint from *Annals of Surgery*, January, 1892.

THE OPERATIVE TREATMENT OF GOITRE. By J. COLLINS WARREN, M.D., Associate Professor of Surgery, Harvard University; Surgeon to the Massachusetts General Hospital. Reprint from the *Boston Medical and Surgical Journal* of May 5, 1892.

VARIETIES OF THE HYMEN. By E. S. MCKEE, M.D., Cincinnati, Ohio.

THE BLOOD, ITS ROTARY MOTION AND CENTRIFUGAL FORCE. By CHAS. H. ROSENTHAL, M.D., San Francisco.

CAMPBOR-MENTHOL IN CATARRHAL DISEASES. By **SETH SCOTT BISHOP, M.D.**, Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc. Read at the Seventeenth Annual Meeting of the Mississippi Valley Medical Association, held at St. Louis, Mo., Oct. 14-16 1891.

THE ETIOLOGY, DIAGNOSIS, AND TREATMENT OF THE PREVALENT EPIDEMIC OF QUACKERY. An address delivered by invitation of the Faculty of the Medical Department of the Buffalo University, before the Graduating Class, May 3, 1892. By **GEORGE M. GOULD, M.D.**, of Philadelphia. From the Medical News, May 7, 1892.

LECTURE DELIVERED TO THE CLASS OF THE KANSAS CITY UNIVERSITY MEDICAL COLLEGE, Jan. 14, 1892. Strabismus, by **DR. FLAVEL B. TIFFANY**, Professor of Ophthalmology, Otology and Microscopy the University Medical College of Kansas City, Mo.; Oculist and Aurist to the East Side Free Dispensary, etc. Published in the Kansas City Medical Index, March, 1892.

REGISTERED MORTALITY OF LOS ANGELES.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 65,000.

November, 1892

CAUSE OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
Deaths from all causes.....		72	13.29	41	31	23	2	24	43	70		2	
Deaths under 5 years.....		19											
CLASSES	I. Zymotic diseases.....	10	1.84										
	II. Constitutional diseases.....	19	3.50										
	III. Local diseases.....	35	6.46										
	IV. Developmental diseases.....	1	.18										
	V. Accident and violence.....	5	.92										
I. Typhoid fever.....		4		1	3	1		2	1	4			
Typho-malarial fever.....													
Diphtheria.....		1											
Measles.....													
Scarlet fever.....													
Smallpox.....													
Whooping cough.....													
Croup.....													
Pyæmia.....		1		1	1					1			
Septicæmia.....													
Diarrhœal Under 5 years.....		4		3	1	4				4			
Diseases Over 5 years.....		1			1			1		1			
II. Cancer.....		3		2	1			2	1	3			
Scrofula and Tabes-mesenterica.....													
Phthisis pulmonalis.....		14		8	6		1	8	5	14			
Tubercular meningitis.....		2		1	1	1		1		2			
III. Meningitis.....		2		1	1	1		1		2			
Apoplexy.....		4		4				1	3	4			
Convulsions.....													
Diseases of nervous system.....													
Diseases of heart.....		5		4	1			1	4	4		1	
Aneurism.....		1						1		1			
Bronchitis.....		3		2	1	1			2	3			
Pneumonia.....		7		3	4	6			1	7			
Diseases of respiratory system.....		3		2	1	1			2	3			
Bright's disease.....		3		1	2	1		1	1	3			
Enteritis, gastritis, peritonitis.....		6		5	1	4		1	1	6			
Diseases of liver.....		1		1			1						
Diseases of urinary organs.....				1									
IV. Puerperal diseases.....													
Inanition and marasmus.....		1			1	1				1			
General debility and asthenia.....													
Dentition.....													
V. Suicide.....		2		1	1			2		2		1	
Accident and violence.....		3		2	1	1			2	2			

Deaths from causes not enumerated in the above list: Grave's Disease, 1; Narcicis of Ilium, 1.

From report of **GRANVILLE MACGOWAN, M.D.**, Health Officer,

VOL. VII 60.

MONTHLY METEOROLOGICAL SUMMARY.

U. S. WEATHER BUREAU, LOS ANGELES STATION.

Los Angeles, California.

Month of November, 1892.

Date	TEMPERATURE			Precipitation in inches and hundredths	SUMMARY
	Mean	Max.	Min.		
1	60	71	50	0	MONTHLY RANGE OF BAROMETER: <i>Mean Barometer</i> , 30.03. Highest barometer, 30.15, date 17. Lowest barometer, 29.86, date 23. <i>Mean Temperature</i> , 62°. Highest temperature 90°, date 10. Lowest temperature 41°, date 25. Greatest daily range of temperature 39°, date 9. Least daily range of temperature 7°, date 28.
2	62	75	49	0	
3	65	80	50	0	
4	67	84	50	0	
5	67	82	52	0	
6	58	72	44	0	MEAN TEMPERATURE FOR THIS MONTH IN
7	58	67	49	0	
8	59	75	43	0	
9	68	87	48	0	
10	73	90	56	0	
11	72	69	56	0	1872..... 1879..... 56° 1886..... 57°
12	67	84	50	0	1873..... 1880..... 56° 1887..... 60°
13	68	87	50	0	1874..... 1881..... 58° 1888..... 57°
14	60	72	48	0	1875..... 1882..... 57° 1889..... 61°
15	60	68	53	0	1876..... 1883..... 59° 1890..... 66°
16	57	70	44	0	1877..... 62° 1884..... 60° 1891..... 61°
17	64	80	49	0	1878..... 58° 1885..... 60° 1892..... 62°
18	71	86	56	0	Mean temperature for this month for 14 years, 60°.
19	64	78	49	0	Total deficiency in temp. during the month, 51°.
20	59	74	44	0	Total deficiency in temperature since Jan. 1, 336°.
21	60	76	44	0	Prevailing direction of wind, W.
22	67	86	48	0	Total movement of wind, 2253 miles.
23	59	72	46	0	Maximum velocity of wind, direction, and date,
24	56	65	48	.09	21, N, 24.
25	52	62	41	0	Total Precipitation, 4.40 inches.
26	51	56	46	.02	Number of days on which .01 inch or more of
27	54	61	47	.01	precipitation fell, 6.
28	52	56	49	3.51	TOTAL PRECIPITATION FOR THIS MONTH IN
29	60	64	55	.75	1878..... .00 1883..... .00 1888..... 4.02
30	60	64	56	.02	1879..... 3.44 1884..... 1.07 1889..... 1.35
			...		1880..... .67 1885..... 5.55 1890..... .13
					1881..... .27 1886..... 1.18 1891..... .00
					1882..... 1.82 1887..... .80 1892..... 4.40
					Average precip'n for this month for 14 years, 1.48
					Total excess in precip'n during month, 2.92.
					Total excess in precip'n since Jan. 1, .49.
					Number of cloudless days, 21.
					" partly cloudy days, 4.
					" cloudy days, 5.
					Dates of frost, 25. Mean dew point, 43°
					Mean humidity, 64 per cent.

NOTE.—Barometer reduced to sea level. "T" indicates trace of precipitation.

METEOROLOGICAL SUMMARY SOUTHERN CAL., NOV., 1892.

STATIONS	TEMPERATURE			Mean Barometer	Relative Humidity	RAINFALL		WEATHER			WIND	
	Mean	Max.	Min.			Days	Am't	Clear	Fair	Cl'd'y	Dirac- tion	Total Mov't
Los Angeles....	62.	90.0	41.0	30.03	64.0	6	4.40	21	4	0	W	2,253
San Diego.....	60.1	84.0	40.0	30.03	67.0	3	0.94	18	0	0	NW	2,662
Santa Barbara...	60.2	87.0	41.0	.....	67.0	4	4.27	23	3	4	E&SE	2,560
Yuma.....	63.	85.0	38.0	30.00	33.0	0	0.00	27	3	0	N	3,972
Riverside.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

OBSERVERS.—George E. Franklin, U. S. Weather Bureau, Los Angeles; M. L. Hearne, U. S. Weather Bureau, San Diego; Hugh D. Vail, Santa Barbara; O. J. Stacy, U. S. Weather Bureau, Yuma; W. E. Keith, Riverside.

Our Advertisers.

JAS. P. PEELER, M. D., Kissimmee City, Fla., says: I know of nothing with which I have had better success, in treating the various diseases peculiar to the female, than ALETRIS CORDIAL. I have used it in amenorrhœa and dysmenorrhœa, with excellent results, and also in ovarian and uterine congestion, and neuralgia, whether from cold or otherwise, I know of no better remedy. Mr. L—— consulted me about his wife. Had been married four years, and had no children. He was a strong healthy man about 28 years of age, and his wife 24. He was very anxious that there should be an increase in the family, and had two other physicians at different times giving her medicine for that purpose. I ascertained that she suffered very much with her menses, and frequently had to take her bed during the time. They were sometimes very scant and at others rather profuse. When consulted it was about a week before her menses would appear. Prescribed

R. ALETRIS CORDIAL..... 8 ounces.
Sig. One teaspoonful three times a day.

The husband reported that the wife had the easiest time she had ever had, and suffered no pain. When the next time came the menses did not appear, two bottles of ALETRIS CORDIAL were taken, and in regular time they were made happy by the advent of a bright bouncing girl. The above is one of several cases of the same kind I have had in my practice. I have been prescribing ALETRIS CORDIAL in my practice for about five years, and from its use during that time I have certainly had an opportunity of testing it very well, both singly and combined. When treating females of a weak, nervous, and hysterical condition, caused from uterine derangements, the following will relieve in nearly every case:

R. ALETRIS CORDIAL..... 8 ounces.
Celerina..... 8 ounces.
M. Sig. Two teaspoonsful three or four times a day.

I HAVE found Peacock's Bromides in one drachm doses of great service in congestive and neuralgic headaches and in the headaches accompanying menstrual derangements. I shall continue to prescribe this preparation in my practice. William MacSweeny, M. D., M. Ch., Royal Univ., Ireland.

A VOICE FROM THE ARCTIC.—Dr. F. A. Cook, who was with Lieutenant Peary on his famous North Greenland expedition, and which resulted in the closest approach to the pole yet attained, writes the following letter to the Antikamnia Chemical Co., which will be of interest as showing how an approved product becomes far-reaching in its work.

NEW YORK CITY, N. Y., }
338 W. 55th St., Nov. 2, 1892. }

Gentlemen:—The Antikamnia which you sent for use in the North Greenland Expedition, I used with gratifying results. For Rheumatism, Neuralgic pains, as well as the pains which accompany the Grippe, it has no equal. Yours respectfully,

F. A. COOK, M. D.

Surgeon and Ethnologist of the North Greenland Expedition.—*From Notes on New Pharm. Prod. Nov. 1892.*

FOR RENAL HEMORRHAGE.—The following is extremely useful:

R. Ext. Ervotæ fl. 2 oz.
Kennedy's Pinus Canadensis (dark) 2 oz.
M. Sig. One drachm every hour or two.

"The widow of an old friend of mine, a physician, wrote me some two months since that three doctors, one a specialist, after a thorough examination, had stated that she was afflicted with a cancer of the uterus, and had determined upon the removal of the organ. I wrote her to defer an operation for a while at least, assuring her that if it was cancer and had become constitutional, the operation would not prolong her life, but probably only spread the disease, even if she survived it. At the same time I sent her a sample box of Ponca Compound with directions for use, and also a favorite prescription of mine for vaginal injection, which finally after careful instructions was to be injected into the uterus. After taking the medicine for some weeks she writes: 'I think I am improving wonderfully. I would like to continue the use of the tablets a while longer. They seem to have a marked effect on the uterus. I note it is getting softer and more natural. I am feeling decidedly better. Have gained five pounds in the last month. Have a good appetite and sleep tolerably well.'"—W. G. BROWN, M. D., Rockford, Ill.

HAPPY and content is a home with "The Rochester", a lamp with the light of the morning. For catalogue, write Rochester Lamp Company, New York.

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